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An Address

TO THE ANTHROPOLOGICAL SECTION OF THE BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

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A Study of Primitive Character.

Civilisation and "savagery"—for unfortunately it seems now too late to substitute any term of less misleading suggestion for that word "savagery"—are the labels which we civilised folk apply respectively to two forms of human culture apparently so unlike that it is hard to conceive that they had a common origin—our own culture and that other, the most primitive form of human culture, from which, at some unknown and distant period, our own diverged. But, assuming one common origin for the whole race, we anthropologists can but assume that at an early stage in the history of that race some new idea was implanted in a part of these folk, that is in the ancestors of civilised folk, which caused these thenceforth to advance continuously, doubtless by many again subsequently diverging and often intercrossing roads, some doubtless more rapidly than others, but all mainly towards that which is called civilisation, while those others, those whom we call "savages," were left behind at that first parting of the ways, to stumble blindly, advancing indeed after a fashion of their own, but comparatively slowly, and in a quite different direction.

It is easy enough for civilised folk, when after age-long separation they again come across the "savages," to discern the existence of wide differences between the two, in physical and mental characteristics, and in arts and crafts; it is not so easy, it may even be that it is impossible, to detect the exact nature of these differences, especially in the matter of mental characters.

As a rule the occupant of this presidential chair is one who, whether he has seen much of "savages" at close quarters or not, has had much ampler opportunity than has fallen to my lot of comparative study of that great mass of anthropological observations which, gathered from almost every part of the world, has now been recorded at headquarters. I, on the other hand, happen to have spent the better part of my active life in two different parts of the world, remote from books and men of science, but in both of which folk of civilised and of savage culture have been more or less intermixed, but as yet very imperfectly combined, and in both of which I have been brought into rather unusually close and sympathetic contact with folk who, whatever veneer of civilisation may have been put upon them, are in the thoughts which lie at the back of their minds and in character still almost as when their ancestors were at the stage of savage culture.

While trying to adjust the mutual relations of wild folk and of folk of civilised stock, I have seen from close at hand the clash which is inevitable when the two meet—a clash which is naturally all the greater when the meeting is sudden. Moreover, having started with a strong taste for natural history, and especially for the natural history of man, and having had much guidance from many anthropological friends and from books, I have perhaps been especially fortunate in opportunity for studying the more natural human animal at close quarters and in his natural surroundings. I have tried, from as abstract and unprejudiced a point of view as possible, to understand the character, the mental and moral attitude, of the natural "savage" as he must have been when civilised folk first found him, and, at first without effort to understand him, tried abruptly to impose an extremely different and alien form of culture on this almost new kind of man.

I venture to claim, though with diffidence, that I may have begun to discern more clearly, even though only a little more clearly than usual, what the primitive man, the natural "savage"—or, as he might more accurately be described, the wild man—was like; and it seemed possible that an attempt to bring together a picture—it can hardly be more than a sketch—of the mentality and character of some one group of people who had never passed out of the stage of "savagery" might be interesting and practically useful, especially if it proves possible to disentangle the more primitive ideas of such people from those which they subsequently absorbed by contact, at first with other wild, but less wild, folk, and later with civilised folk; and that a further study of the retention by these folk of some of their earlier habits of thought during later stages in their mental development might suggest a probable explanation of certain of their manners and customs for which it is otherwise hard to account.

The attainment of some such understanding is, or should be, one of the chief objectives of the practical anthropologist, not merely for academic purposes, but also for the practical guidance of those who in so many parts of our Empire are brought into daily contact with so-called "savages."

Perhaps hardly anywhere else in the world would it be possible to find better opportunity and more suitable conditions for such a study as I now propose than in the tropical islands of the South Seas. The ancestors of these islanders, while still in purely "savage" condition, must have drifted away from the rest of the human race, and entered into the utter seclusion of that largest of oceans, the Pacific, covering as it does more than a third of the surface of the globe, long before the first man of civilised race, Balboa, in 1513, from the Peak in Darien, set eyes on the edge of what he called "the Great South Sea," before Magellan, in 1520, forced his way into

and across that same sea, which he called the Pacific, and certainly long before civilised men settled on any part of the shore of that ocean, i.e., in 1788, at the foundation of Australia. For when first studied at close quarters by civilised folk from Europe, which was not till after the last-named event, these South Sea "savages" had been in seclusion during a period sufficiently long—and certainly no short period would have sufficed for such an effect—not only for them all to have assumed characters, cultural and even physical, sufficient to distinguish them from all other folk outside the Pacific, but also for them to have split up into many separate parties, probably sometimes of but few individuals, many of which had drifted to some isolated island or island-group, and had there in the course of time taken on further well-marked secondary differences.

It will probably now never be discovered when, how often, and from what different places the ancestors of these folk reached the Pacific. It is quite possible that they entered again and again, and were carried by winds and currents, some from west to east, and some in the reverse direction, many perishing in that waste of waters, but some reaching land and finding shelter on some of that great cloud of small islands which lie scattered on both sides of the equator and nearly across that otherwise landless ocean.

Of the folk who in those old times thus drifted about and across the Pacific, the most important, for the part which they played in the story which I am endeavouring to tell, were the two hordes of "savages" now known respectively as Melanesians and Polynesians. Without entering deeply into the difficult subject of the earlier migrations of these two hordes, it will suffice here to note that, towards the end of the eighteenth century, when European folk at last began to frequent the South Sea Islands, and when consequently something definite began to be known in Europe about the islanders, certain Melanesians, who had probably long previously drifted down from north-westward, were found to be, and probably had long been, in occupation of the exceptionally remote and isolated Fiji Islands; also that, long after this Melanesian occupation of these islands, and only shortly before Europeans began to frequent them, several bodies of Polynesians, who had long been in occupation of the Friendly or Tongan islands, lying away to the east of Fiji, had already forced or were forcing their way into the Fijian islands.

The meeting in Fiji of these two folk, both still in a state of "savagery," but the Polynesians much further advanced in culture than the Melanesians, at a time before European influence had begun to strengthen in those islands, affords an exceptionally good opportunity for the study of successive stages in the development of primitive character, especially as the two sets of "savages" were not yet so closely intermingled as to be indistinguishable—at least in many parts of Fiji. It is unfortunate that the earliest European visitors to Fiji were not of the kind to observe and to leave proper records of their observations.

The earlier, Melanesian, occupants of Fiji had to some extent given way, but by no means readily and completely, to the Polynesian invaders. The former, not only in the mountain fastnesses difficult of access, but also in such of the islets as the local wind and weather conditions made difficult of access, retained their own distinct and simpler culture, their own thoughts, habits, and arts, long after the Polynesians had seized the more important places accessible to the sea, and had imposed much of their own more elaborate (but still "savage") culture on such of the Melanesians' communities as they had there subjugated and absorbed.

The social organisation throughout Fiji remained communistic; but in the purely Melanesian communities the system was purely democratic (i.e., without chiefs), while in the newer mixed Polynesian-Melanesian communities—as was natural when there had been intermingling of two unequally cultured races—there had been developed a sort of oligarchic system, in which the Melanesian commoners worked contentedly, or at least with characteristic resignation, for their new Polynesian chiefs.

Alike in all these communities custom enforced by club-law prevailed; but in the one case the administrative function rested with the community as a whole, while in the other it was usurped by the chiefs.

Though we are here to consider mainly the ideas, the mentality, of these people, it will be useful to say a few preliminary words as to their arts and crafts. The Melanesians during their long undisturbed occupation of the islands had undoubtedly made great progress, on lines peculiar to them, especially in boat building, in which they excelled all other South Sea islanders, in the making of clubs and other weapons, and in otherwise using the timber, which grew more abundantly, and of better quality, in their islands than elsewhere. Meanwhile, the Polynesians, in their earlier homes and long before they reached Fiji, had developed, in very high degree, corresponding but different and much more elaborate arts (and ideas) of their own. But, as we know from Captain Cook, the Polynesians, despite their own higher culture, from their Tongan homes, greatly admired and appreciated the special craftsmanship of the Fijians, and it was indeed this admiration which attracted the former from Tonga to Fiji; and when the Polynesians had gained footing in the Fijis they—quite in accordance with human nature—were inclined, for a time at least, to foster the foreign Fijian arts—if not Fijian ideas—rather than replace these by their own arts; and before the struggle, both physical and cultural, between the two sets of "savages" had gone far it was interrupted, and more or less definitely arrested, by the arrival and gradual settlement of the still more powerful, because civilised, white folk from the Western world.

In turning to the earlier (Melanesian) occupants of Fiji, and especially to the less advanced of these, to find the traces of which we are in search of the more primitive habit of thought, it must not be forgotten that even at the stage at which we begin to

know about them they had made considerable advance, in their ideas as well as in their arts and crafts. They still used their most primitive form of club, but also made others of much more elaborated form; so, though the ideas which lay at the basis of their habit of thought were of very primitive kind, they had acquired others of more complex character.

Before going further may I say—and I sincerely hope that the suggestion will not be misunderstood—that in the difficult task of forming a clear conception of the fundamental stock of thought which must have guided the conduct of the more primitive folk we must constantly bear in mind the parallelism (I do not mean necessary identity of origin) between the thoughts of the earliest human folk and the corresponding instincts (as these are called) noticeable in the case of some of the higher animals? I am particularly anxious not be misunderstood; the suggestion is not that even the most primitive human folk were mentally merely on a par even with the higher animals, but that many, perhaps most, of the ways of thought that guided the primitive man in his bearing towards the world outside himself may be more easily understood if it is once realised, and afterwards remembered, that the two mental habits, however different in origin and in degree of development, were remarkably analogous in kind.

A similar analogy, in respect not of thoughts but of arts, may well illustrate this correspondence between the elementary ideas of men and animals. The higher apes occasionally arm themselves by tearing a young tree up by the roots and using the "club" thus provided as a weapon of offence and defence against their enemies. Some of the primitive South Sea islanders did—nay, do—exactly the same, or at any rate did so till very lately. The club—the so-called malumu—which the Fijian, then and up to the much later time when he ceased to use a club at all, greatly preferred to use for all serious fighting purposes was provided in exactly the same way, i.e., by dragging a young tree from the ground, and smoothing off the more rugged roots to form what the American might call the business end of the club. But though the Fijian, throughout the period during which he retained his own ways, used and even preferred this earliest form of club, he meanwhile employed his leisure (which was abundant), his fancy, and his ingenuity, in ornamenting this weapon, and also in gradually adapting it to more and more special purposes, some of the later of which were not even warlike but were ceremonial purposes, till in course of time each isolated island or group of islands evolved clubs special to it in form, purpose, and ornament, and the very numerous and puzzling varied series of elaborate and beautiful clubs and club-shaped implements resulted. It seems to be in power of improvement and elaboration that lies the difference between men-folk and animal-folk.

Something similar may be assumed to have brought about the evolution of the ideas of these islanders. Starting with a stock of thoughts similar in kind to the instincts of the more advanced animals, the human-folk—by virtue of some mysterious potentiality—gradually adapted these to meet the special circumstances of their own surroundings, and in so doing ornamenting these primitive thoughts further in accordance with fancy.

In the Fiji islands this process of cultural development was probably slow during the long period while the Melanesians, with perhaps the occasional stimulus afforded by the drifting in of a little human flotsam and jetsam from other still more primitive folk, were in sole occupation; yet it must have been during this period and by these folk that the distinctively Fijian form of culture was evolved. But the process must have been greatly accelerated, and at the same time more or less changed in direction, by the incoming of the distinct and higher Polynesian culture, at a time certainly before, but perhaps not very long before, the encroachment of Europeans.

In order to realise as vividly as possible what were the earlier, most elementary, thoughts on which the whole detail of his subsequent "savage" mentality was gradually imposed, it is essential for the time being to discard practically all the ideas which, since the road to civilisation parted from that on which savagery was left to linger, have built up the mentality of civilised folk; it is essential to try to see as the most primitive Fijian saw and to conceive what these islanders thought as to themselves and as to the world in which they found themselves.

It seems safe to assume that the primitive man, absolutely self-centred, had hardly begun to puzzle out any explanation even of his own nature, still less of the real nature of all the other beings of which he must have been vaguely conscious in the world outside himself. To put it bluntly, he took things very much as they came, and had hardly begun to ask questions.

He was—he could not but be, as the lower animals are—in some vague way conscious of himself, and from that one entirely self-centred position he could not but perceive from time to time that other beings, more or less like himself, were about him, and came more or less in contact with him.

The place in which he was conscious of being appeared to him limitless. He did not realise that he could move about only in the islet which was his home, or perhaps even only in a part of a somewhat larger, but according to our ideas still small, island; if other islets were in sight from that on which he lived, these also would be part of his world, especially if—though such incidents must have been rare—he had crossed to, or been visited by strangers from, those islands—islands which lay between his own home and that which he spoke of as wai-langi-lala (water-sky-emptiness) and we speak of as the horizon. To him the world was not limited by any line, even the furthest which his sight disclosed to him. Rarely, but still sometimes, strangers had come from beyond that line. Perhaps too he had some time heard that his ancestors had come

from the somewhere which seemed beyond. Again his ancestors of whom he had heard, and even some of the contemporaries whom he had seen, though no longer with him except occasionally during his dreams in bodily form, were somewhere, somewhere beyond that line of sight. Even he himself (in what were his dreams, as we say, but to him were part of his real life) habitually went beyond the line, and, as far as his experience had gone, returned each time to the island home.

Moreover, he did not doubt that this limitless region, in which it vaguely seemed to him that he, and innumerable other beings, moved, extended not merely along what we speak of as the surface of the globe, but also, and equally without any intervening obstacle, up into the infinite space above and beyond the sky. In short, to this primitive man the world, though the part of it to which he had actual access was so small, was limitless.

The thoughts of the dweller in this vague world, as to himself and as to the other beings of which from time to time he became conscious, must have been correspondingly indefinite.

He was, to a degree almost if not quite beyond our power of conception, a spiritualist rather than a materialist; and it is essential to get some idea of the extent and manner of his recognition of spiritual beings—and his corresponding non-recognition of things material.

In passing I here disclaim, for myself at least, the use of the misleading word "belief" in speaking of the ideas of really primitive man—as, for instance, in the phrase the "belief in immortality." Possibly primitive men of somewhat more advanced thought, though not yet beyond the stage of "savagery," may have "believed" in spirits, in immortality, and so on; but it seems to me that at the earliest stage there can hardly have been more than recognition (admittedly very strong recognition) of spiritual beings, and non-recognition of any beginning or ending of these spirits.

To return from this digression, Sir E. B. Tylor long since gave currency to the very useful word "animism" as meaning "the belief in spiritual beings," and this has been taken to mean that animism was the initial stage, or at any rate the earliest discoverable stage, of all religion. The primitive Fijian was certainly a thorough-going animist, if his extraordinarily strong but vague recognition of spiritual beings suffices to make him that; but I do not think that the ideas of that kind of the primitive "savage"—or, say, of the most primitive Fijian—before his ideas had been worked up into somewhat higher thought, during the long period while he was secluded in his remote islands and before the advent of the Polynesians, had developed far enough to constitute anything which could be called "religion," though doubtless they were the sort of stuff which, had these folk been left to themselves, might, probably did, form the basis of the "religion" towards which they were tending.

Practically all human beings—savage and civilised alike—and, though in lower degree, even animal-folk, have in some degree recognised the existence of some sort of spiritual beings. The point then seems to be to discover what was the nature of the spiritual beings which the primitive Fijian recognised but without understanding.

Anthropologists have recently defined, or at least described, several kinds of spiritual beings as recognised (even here I will not use the word "believed") by more or less primitive folk. There is, first, the soul, or the separable personality of the living man or other being; secondly, the ghost, or the same thing after death; thirdly, the spirit, which is said to be a soul-like being which has never been associated with a human or animal body; and, fourthly, there is, it appears, to be taken into consideration yet another kind of spiritual being (or something of that nature) which is the life of personality, not amounting to a separable or apparitional soul, which, it has been supposed, some primitive folk have attributed to what we call "inanimate things."

It seems, though I say this with all due deference, that this identification and naming of various kinds of spiritual beings, though it may hold good of animism at a higher stage, does not fit the case of the more primitive animist (say, that of the Melanesian in the very backward state in which, as far as we know, he first reached Fiji), for presumably he had not as yet recognised nor differentiated between the various kinds just enumerated. He recognised something which may be called the "soul," which was the separable personality of the living man or other being. But he did not recognise—perhaps it would be better to say that he had not yet attained to recognition of—the ghost, or the same thing after death; for he had not even recognised any real break, involving change, at death. Nor, as I think, did he recognise a spirit, i.e., a soul-like being which had never been associated with a human or animal body; for he had no idea of any spiritual being which did not, or could not, on occasion associate itself with a human, animal, or other material body, nor seemingly had he reached the stage, labelled animatism, in which he would have attributed life and personality to things (which I take to mean things which are to us inanimate).

All that the most primitive man would recognise would be that he himself—the essential part of him—was a being (for convenience and for want of a better name it may be called "soul") temporarily separable at any time from the material body in which it happened to be, and untrammelled—except to some extent by the clog of the body—by any such conditions as time and space; he had found no reason to think that in these respects the many other beings of which from time to time he became aware (whether these were what we should class as men, other animals, or the things which we speak of as inanimate, such as stocks and stones, or bodiless natural phenomena, such as winds) differed from himself only in the comparatively unimportant matter of bodily form; moreover, it seemed to him that, as he himself could to some extent do all these,

the other beings, and some perhaps even more easily, were able to pass from one body to another.

He felt that these "souls" were only temporarily and more or less loosely attached to the particular material forms in which they happened to manifest themselves at any moment, and that the material form in which the soul (and noticeably this held good even of his own soul) happened at any moment to be embodied was of little or no real importance to that soul, which could continue to exist just as well without as with that body.

Another point which it is important to note is the egoism of the savage man as distinguished from the altruism of the civilised man; for it was perhaps the beginning of the idea of altruism, of duty to one's neighbour, that gave the start to civilisation, and it was because the ancestors of the savage had never got hold of this fundamental principle of altruism that they were left behind.

The uncivilised man, complete egoist as he was, thought and acted only for his own personal interests. It is true that he was to a certain extent kind (as we might call it) to the people of his own small community, and possibly still more kind to such of the community as seemed to him more immediately of his own kindred. But this kindness was little more than instinctive—little more than a way of attracting further service. It is also true that on the occasions, which must have been very rare till a late period in the Melanesian occupation of Fiji, when strangers—i.e., persons of whom he had not even dreamed—came, so surprisingly, into his purview, he was sometimes civil or even hospitable to those strangers (it should not be forgotten that to him these were souls embodied by separable accident in material forms); but this would have been only on occasions on which he knew, or suspected, that these visitors were stronger than himself and able to injure or benefit him.

Another point of great significance in the character of this primitive man was that he had no conception of ownership of property. To him all that we should class as goods and chattels, his land, or even his own body, was his only so long as he could retain it. He might if he could and would take any such property from another entirely without impropriety; nor would he resist, or even wish to resist, the taking from himself of any such property by any one who could and would take it.

Again, the primitive man must have been far less sensitive to pain, and far less subject to fear, than the normal civilised man. I do not mean that the primitive Fijian was without the ordinary animal shrinking from physical pain, but that he cannot have been nearly as sensitive even to physical pain as is the more sophisticated man; nor had he the same mental pain, the same anticipation and fear of pain, that the civilised man has.

Having thus dealt with some of the more important points in the character of the primitive Fijian, I propose next to consider how far these suffice to account for some of the more "savage" conditions under which these islanders when first seen were living.

Cannibalism claims the first mention, in that, though the practice has been recorded from many other parts of the world, it is commonly supposed to have been carried further in Fiji than elsewhere.

Here, however, it is at once necessary to point out that the outbreak of cannibalism in Fiji in the first half of the last century was not due to any innate and depraved taste on the part of the Fijians, and that the practice to the degree and after the fashion of which the story-books tell was not natural to the Fijian, whether of Melanesian or Polynesian stock.

It is probable, even perhaps certain, that all the Fiji islanders occasionally ate human flesh before the coming of white men to the islands; but it was only after the arrival of the new-comers that this practice, formerly only occasional and hardly more than ceremonial, developed into the abominable orgies of the first half of the last century. The first Europeans to set foot—about 1800—and to remain in the islands for any time were the so-called "beach combers." At first at least, these renegades from civilisation, to secure their own precarious position and safety, contrived to put themselves under the patronage of some one or other of the great native chiefs, who would be Polynesians, and assisted and egged on these chiefs in their then main occupation of fighting other great rival chiefs, also Polynesians, and raiding the less advanced Melanesians of the surrounding districts. The guns and ammunition which the beachcombers, in some cases at least, brought with them or managed to procure, and the superior craft which they had imbibed from civilisation, greatly assisted them in this immoral purpose. Consequently a habit of cruelty, new to the Fijian, was implanted and developed, especially in the Polynesian chiefs. It became more and more a fashion for the greatest native warriors, thus egged on, to vie with each other in the number of their victims and in the reckless cruelty with which these were killed. Doubtless at first the victims were opponents killed in fight, sometimes great rival chiefs and sometimes mere "hoi polloi" who had been led out to fight, probably not very reluctantly, for their chiefs. Incidentally more and more people were killed; and the bodies of the slain were conveniently disposed of in the ovens. A taste for this food was thus developed in the chiefs—though this seems, for a time at least, to have been confined to the great chiefs, most of those of lower status, and all women, refusing to partake, at any rate till a later period. Before long, when the number of the killed ran short, the deficiency was made up by clubbing more and more even of their own people, till eventually the great native warrior took pride in the mere number of those he had killed and eaten.

It seems probable that even the coming of the missionaries, who first reached Fiji 30 or 40 years after the earliest beachcombers, and at once began

almost heroic efforts to stop cannibalism, thereby to some extent temporarily even aggravated the evil. For the chiefs, in their characteristic temper of gasconade, killed and ate more and more unrestrainedly, in mockery of the missionaries and to show what fine fellows they thought themselves to be.

To return from this digression into a somewhat distasteful subject, cannibalism as practised by the Fijians before the coming of white men was very different, and, from the Fijian point of view—if I may say so without fear of being misunderstood—not altogether indefensible. It must be remembered that there was, as it were, no killing in our sense of the word involved, merely a setting free from the non-essential body of the essential soul, which soul survived just as well without the body as with it.

Note that the soul must have been considered as in some way and for a time still associated with its late body if, as is commonly and perhaps rightly held, the slayer sometimes ate some part of the body of the slain in order to acquire some of the qualities of the slain.

Again, there can be little doubt that men were sometimes killed for sacrificial purposes, the material bodies of the victims being placed at some spot (perhaps the tomb) considered to be frequented by the disembodied spirit of some ancestor for whom it was desired to provide a spirit attendant. It may be note dthat this sacrificial use of the body might be combined with an eating of the same body when once it had served its first purpose of attributing the spirit which had been in it to the service of the honoured ancestor.

It has been laid to the charge of the Fijians (as to that of many other folk of savage and even of civilised culture) that they habitually killed strangers, especially such as had been washed or drifted to the islands by the sea—who, in early times at least, must have been almost the only strangers to arrive. The charge, like that of cannibalism, has been exaggerated, and the facts—as far as there were any—on which this charge was founded have been misunderstood.

Here, again, the attitude of the Fijian in this respect was hardly different from that of the lower animals under similar circumstances. The Fijian knew of no reason to be glad of the arrival of strangers, unless these could, in one way or another, be useful to him; and, as has already been explained, he knew of no reason why he should not make the best use possible of the stranger, of his body or his spirit, separately or together.

While, as must have been the case in earlier times, the new-comers were dark-skinned men like himself, the Fijian might without the slightest prick of conscience separate their bodies from their spirits, and dispose of the body or the spirit separately; or without effecting this separation, he might simply enslave the new-comers; or, again, if he suspected that the new-comers were too strong for him, he might yield himself to them as a slave.

And later, when Europeans began to arrive, sometimes as refugees from passing ships and sometimes as survivors from ships wrecked on the surrounding reefs, the bearing of the Fijian towards this new kind of stranger would have been on the same principles, only that in this case the new-comers, being of far less readily understood kind, would be regarded with more suspicion and also more respect. I believe that very seldom, if ever, was an inoffensive white man, wrecked sailor or other, killed, or treated with anything but kindliness and courtesy, even though the wrecked man's property might naturally be appropriated by the natives. It was only when white-skinned strangers became commoner, and frequently more offensive, and when familiarity had bred contempt, that they were killed, as nuisances, and, especially during the great outbreak of cannibalism, were eaten.

This point in the bearing of the islanders to white men might be further illustrated by a circumstance which, to my surprise, I have never found mentioned, i.e., that during the whole period while the missionaries were, with a rashness only justified by the circumstances, testifying against the natives in Fiji not one of these was killed, till at a much later period, when European influence was all but predominant in Fiji, Baker was killed and eaten under very special circumstances.

If it were possible to ascertain in each case the facts as to the reception by "savages" of the first white men they saw, it would almost certainly be found that the reception was apparently kindly, though this kindness may really have been due to fear and not to charity. It was, however, quite probable that at any moment the savage might find that his dread of the white man was unfounded, and in that case he might kill him (i.e., separate his soul from his body) without hesitation, and after doing this his fear—he probably never had any affection for him—of the disembodied spirit of the white man might be as great, or even greater, than before.

Incidentally it may here be noted, as a further curious point, that a Fijian who thus quite remorselessly set free the soul of a stranger from its body would probably not often and not for long in his dreams be revisited by his victim, if a native; and perhaps not even if the victim were a white man, unless very remarkable. In other words, the victim survives only just so long as he is remembered. Captain Cook, we know, survived for very long, perhaps does so still; few, if any, of such beachcombers as were later killed in Fiji survived for any length of time; and the innumerable natives who were drifted or washed to one or other of the islands must for the most part have passed from memory soon after they were killed.

It has been suggested that the killing of strangers may have been for the purpose of preventing the introduction of disease; and it is certain that, perhaps even before the coming of the white men, the islanders recognised that the advent of strangers was curiosity often and most disastrously followed

by the introduction of new diseases, either real diseases or at least some queer, unexplained influence which has so often made life not worth living for savages where white strangers have been.

The Fijians were hardly more notorious for cannibalism than for theft---and almost as undeservedly. There is hardly an account of the visit of a European ship in early times to any of the islands which does not mention that the islanders who came aboard took whatever they fancied, either quite openly or if furtively then without evincing anything like shame when discovered. This habit, which the explorers naturally called theft, but was the manifestation of a South Sea custom, due to the entire absence of any idea of personal property, which in Fiji was called keri-keri. To keri-keri was to take whatever you wanted and could take without the previous holder of the property preventing you. In old days no Fijian doubted his own absolute right to keri-keri, nor did he feel the very slightest shame in thus (as we would say) 'depriving another of his property' or 'stealing'; and even to this day the Fijian, provided that he is not really Europanised, will keri-keri without shame. In short the idea of ownership and individual property never occurred to the natural Fijian. He took what he wanted, and was strong enough to take. But, on the other hand, he yielded up, practically without reluctance, whatever another stronger or cleverer than himself wanted and was able to take from him.

Of the many other charges of 'savagery' made against Fijians, I can, in the time at my disposal, deal with but one more, that as to their strange and gruesome habit of celebrating great occasions by killing their own folk. When a Fijian chief died, as we should say, or, as it seemed to the surviving natives, when his soul left the body which it had for a time used, his widows, and other of his kindred and dependents, unwilling to be left behind, were strangled, often indeed helped to strangle themselves, that their bodies might be put into the graves, while their souls went gladly with that of the chief whom they had been accustomed to follow.

Again, when a chief built a house, some of his dependents, whom the great man told off for the purpose, willingly stepped down into the holes which had been dug for the house-posts, and remained there while the earth was filled in on to them, and continued thereafter as permanent supporters of the house.

Again, there is a tradition, which at least was not incredible to the natives, that a great chief one day went a-fishing, and caught many fish. Two brothers of humbler rank who happened to have come down to the same water-side, also to fish, were less successful. The chief, in a characteristic freak of generosity, presented his best fish to the elder of the two brothers, who, strictly according to Fijian custom, accepted the gift, but felt bound to make an immediate return, but he had nothing to give. Thereupon the younger brother, at his own suggestion, was clubbed by the elder, and his body presented to the chief in token that his soul would thereafter serve that chief.

It is even said that when yams and other vegetables were brought in as food for the chiefs by the dependents who had grown them for that purpose, the food-bearers, if there was a scarcity of fish or other suitable accompaniment for the vegetable diet, were themselves clubbed and their bodies eaten. This particular atrocity probably only happened after the habit of cannibalism had, as already explained, been unnaturally intensified. But the story is noteworthy in that the food-bearers are not represented as in any way dreading or shirking the use to which their bodies were put.

In all these and similar cases it is to be noted that the victims (as we are naturally inclined to call them) were more or less indifferent, if indeed they were not eagerly consenting parties, to the use (cruel as it seems to us) made of their material bodies. Thus the widows were eager to be strangled, and often even helped to do the deed, in order that they —all that was essential of them, i.e., their souls— should rejoin the deceased. Similarly those others who were killed on the occasion of the funeral were quite willing to give their bodies, which seemed of comparatively little importance, as 'grass' to be added to the cut fern and other soft material on which the body of the deceased chief was couched in the grave; and quite willingly the men told off for that purpose stepped down into the holes in which the house-posts were grounded, that they, or rather their bodies, might thereafter hold up the house, while their souls enjoyed life much as before but without the encumbrance of the body. Others again contentedly grew "taro" for the chiefs to eat, and carried it in when ripe, thinking it of little importance that their mere bodies might be eaten with the "taro."

In conclusion, having endeavoured to realise for myself, and to show you a glimpse, of the enormous, hardly conceivable difference in habit of thought, and consequently in character, which separates the savage from the civilised man, I will offer a suggestion which seems to me possibly the most important outcome of my personal experience, now closed, as an anthropological administrator in tropical places where Eastern and Western folk have met, and where the inevitable clash between the two has occurred.

In such places and circumstances the result has too often been that sooner or later the weaker folk— those whose ancestors have been age-long 'savages' —have died out in the presence of those whose ancestors long ago turned from 'savagery' to civilisation. This dying out of the weaker folk has happened even when the stronger people have done their best to avoid this extirpation.

The real ultimate cause of 'the decrease of natives' when in contact with civilised folk lies, perhaps, in the difference in hereditary mentality—in the incapacity of the 'savage' to take on civilisation quickly enough. However sedulously the missionary, the Government official, and others who take a real interest in so doing, may teach civilised precepts to the essential savage, the subject of this sedulous case—however advanced a savage culture he may

have attained—will, at least for many generations, remain a savage, i.e., for just so long as he is under the influence of the civilised teacher he may act on the utterly strange precepts taught him, but away from that influence he will act on his own hereditary instincts.

The manner in which the native dies out—even when well looked after—varies. He may be killed out by some disease, perhaps trifling but new to him, with which he does not know how to cope, and with which—if he can avoid so doing—he simply will not cope in the ways which the civilised man would teach him; or he may be killed out by the well-meant but injudicious enforcement on him of some system of unaccustomed labour; or, again, he may die out because deprived of his former occupations (e.g., fighting and the gathering of just so much food as sufficed for him) and thus restricted to a merely vegetative existence; or in many other more or less similar forms his extermination may come about.

But all such effective causes are reducible to one, which is that he is not allowed to act on his own hereditary instincts, that he cannot at all times have, and often would not use, judicious and disinterested guidance from civilised folk, and that consequently he, the 'savage,' cannot and too often does not care to keep alive when in the presence of civilised folk.

British Association for the Advancement of Science.

SECTION OF ANTHROPOLOGY.

Friday, August 14, 1914.

(In the following a brief account is given of some of the more important papers read in Melbourne.)

The Short Cists of the North-East of Scotland.

Dr. Alexander Low read a paper on short cists. He pointed out that the short cists of the North-East of Scotland were single interments found mostly without overground structure to indicate their site. The cists were built of irregularly shaped flat stones set on edge, and roofed over by one large flat covering stone. The internal dimensions varied, but an average cist measured three feet long by two feet wide and one foot six inches deep. There was no evidence of the cists being oriented in any particular direction. In the cists examined burial was by inhumation. There was evidence to show that, while burial by inhumation was the earlier practice, inhumation and incineration were partly contemporaneous; and this was borne out by one cist, in which along with a burial by inhumation were found calcined human bones.

Besides the skeletal remains there were associated with the interments clay urns, flint scrapers, flint arrowheads, but no trace of metal. The urns were all of the "beaker" type, except in one instance, where the urn was of the "food-vessel" type.

A detailed examination of a series of 15 somewhat complete, short cist skeletons preserved in the Anatomy Department of the University of Aberdeen had been made. The skull form was very uniform in its characters. A skull, from a short cist recovered at Parkhill, Aberdeenshire, could be taken as representative of the type. The skull was that of a male, the sutures were partly closed, the frontal and parietal eminence were well developed. The cubic capacity was 1,450 (of mustard seed), horizontal circumference 524, glabello-occipital length 135, minimum frontal diameter 102, interzygomatic breadth 142, nasio-alveolar length 64, nasal height 48, nasal width 23, orbital width 41, orbital height 33. With a length-breadth index of 85, the measurements were those of a brachycephalic skull with low broad face, microseme and almost mesorhine. The norma lateralis showed an orthognathous face with well-formed chin, depressed nasion, well-marked superciliary ridges, frontal arc ascending with a uniform steep curve to bregma. Behind this there was flattening, and then the postero-parietal passed down sharply to the lambda and was associated with occipital flattening.

Altogether the series of skeletal remains gave evidence of a people of somewhat under medium stature, well-built and athletic, with very broad skulls, low straight faces, narrow orbits and somewhat broadish noses.

As to the affinities of these short cist builders, the characters of their skeletons were very similar to those of the broad-headed Alpine race that occupied Central Europe about the end of the stone age, and which were supposed to be descendants of the palæolithic broad-headed Grenille race; in fact, the short cist skull approximated closely to the Grenille type of skull. The ceramic found in the interments supports this view, for the Hon. John Abercromby had demonstrated that the "beaker" type of sepulchral urn was the oldest bronze age ceramic, and that it was an imported type having its centre of dispersion in Central Europe at the end of the stone age.

Aboriginal Stone Implements.

Mr. A. S. Kenyon and Mr. D. J. Mahony demonstrated at the National Museum the collection of Australian stone implements. This collection has been classified and arranged by these two gentlemen, and forms a very valuable department of the Museum.

In their demonstration they dealt with (1) distribution, in connection with which they said that implements were found all over the land surface; mainly at camps, but fortuitously more or less everywhere. "Camps"—which embraced kitchen-middens, oven-moulds, myrniong-heaps, cave-shelters, etc.—were of several classes. The first and most important were those which may practically be termed permanent, near unfailing water and reliable food supply. Others were, in a varying degree, of a temporary nature. These differences were reflected in the implements found at them. Temporary occupation, with surroundings calling for little or no use of stone implements, produced "camps" like those on the Coorong Ocean Beach, South Australia, where there was no local stone or timber, and the food supply was limited to the mollusc, Donax sp. There were there thousands of acres of camp exposed, masses of Donax shells without, on the whole surface, more than a dozen shapeless fragments of flint, and nothing else to show man's presence. The stone remains found at camps ranged from such rudimentay, almost unrecognisable, implements to series embracing every class to the highest, varying with the district and its available supplies of stone and with the situation.

In regard to (2) period, they pointed out that the whole of the implements dealt with were of recent age, and were fashioned by the race still existing. They occurred on the surface or nearly so in positions where rapid accumulation was still in progress. No separation into layers of varying degrees of workmanship had yet been observed, while a mixture of all types was found on top of formations whose age could not exceed a few hundred years. Certainly some stone occurrences which appeared to imply antiquity had been reported, but they were not dealt with.

Turning to (3) material the speakers stated that that used varied with requirements and accessibility, but for cutting implements it might be divided into two classes, brittle and hard stone, such as flints, quartzites, cherts, etc., and the tougher but softer diabasic, metamorphic, and like rocks. Barter was almost wholly confined to the latter class, and in its to the better sorts. The brittle stones produced implements of palæolithic, and lower, types; the tough stones mainly those of a neolithic character.

In the next place they spoke of (4) type. There was no doubt that the class of stone available governed the degree of finish and method of manipulation, with use and oppor-

(Continued on page 306.)

Medical Journal of Australia.

SATURDAY, SEPTEMBER 26, 1914.

Volunteer!

The Royal Army Medical Corps has a stupendous task imposed on it, and under the peculiar circumstances of the war, one which it cannot fulfil properly without the assistance of a large number of volunteers. The strength of this body is barely one-quarter of that required for the whole of the British Army on its present war footing. In the near future the number of the troops at the front will be enormously increased, and this will impose a further strain on the resources of the R.A.M.C. It need scarcely be pointed out to the members of the medical profession how important is the part which the Field Medical Service has to undertake in a vast campaign. With the eyes of the Old Country on her Overseas Dominions, the profession in Australia will be prepared to make a vast sacrifice, and, in the spirit of patriotism and of humanity, the individual members will offer their services willingly and whole-heartedly.

In the "Medical Journal of Australia" of September 12, 1914, a short notice was published of the equipment of the medical service which is to be sent out with the next Australian Expeditionary Force. The arrangements are simple but highly efficient. In the fighting line of battle, the regimental medical officers are to be supported by stretcher-bearers, and immediately behind them the field ambulance waggons, with the moving dressing stations, will be placed. This light horse field ambulance is an Australian device. It owes its existence to General Williams, C.B., the Director General of the Australian Medical Forces. The ambulance will consist of six medical officers and 116 men, and will provide accommodation for 60 wounded soldiers. The regimental medical officers will accompany the troops and attend to the wounded in front. In this way the first aid on the field and the transport of the wounded to the Field Hospital, which will be situated at a short distance behind the fighting line, will be expeditious and well organized. The field hospitals will be in charge of the field ambulance, consisting of ten medical officers and 234 of other rank. Accommodation will be provided in them for 120 wounded. The value of the light horse field ambulance, with the ambulance waggons and various carts to transport the wounded to the field hospitals and thence to the clearing hospitals, will be appreciated at once. The latter is to be situated either on the railway or on a good road, to facilitate further transport of those who are able to stand being moved again to the stationary hospitals. These hospitals are kept in the lines of communication and are placed at convenient distances from each other along the railroad. The wounded will rest in each hospital on their way to the base hospital which will be situated well out of the danger zone and may even be in England. From the base hospital, the luckier soldier who recovers from his wounds is conveyed to some convalescent home, which is to be organised and supported by private endeavour. In this manner the dressing station in front, the field hospitals, the clearing hospital, the stationary hospitals and the base hospitals will pass their patients on as rapidly as is consistent with surgical safety to make room for the constant stream of fresh patients from the fighting line. But in order to enable this plan to be developed in a satisfactory manner, it is necessary for the Australian contingent to contain an adequate number of medical officers, nurses and men. The next expedition will require 92 medical officers; ten for the field ambulance, six for the light horse field ambulance, ten regimental surgeons, eight for the clearing hospital, sixteen for the two stationary hospitals and forty-two for the two general base hospitals.

The medical profession in the Commonwealth has already responded magnificently to the call made upon it. The number of doctors who have volunteered for service and who will leave within a short time with the first expeditionary force is 60. The second expeditionary force will contain 92 men; the navy and the army medical reserve corps (for duty in Australia) will absorb close on 100, making a grand total of about 250 or approximately 10 per cent. of the whole medical profession. While it must be admitted that this number is not yet full, we have no hesitation in saying that the medical profession will prove itself ready to make this un-

precedented sacrifice, and teach the world again that in no other calling or profession are men prepared to do anything approaching as much for suffering humanity and to maintain the integrity of the Empire. Nearly every member of the honorary and salaried staff of the Melbourne hospitals and of hospitals in other cities have already volunteered. Men with special experience are needed—surgeons, physicians, anæsthetists, radiologists, hygienists—all will find their knowledge of high importance to the whole scheme. The distribution will be federal—nay, imperial—for each man will be sent to a station where he is most wanted, and where his peculiar qualifications will render his services of the greatest utility.

In addition to the medical officers of the service, volunteers for other ranks are required. We stated in the notice referred to above that nurses were not required at present. In all, 86 nurses will accompany the force, and while there is not much fear of a shortage, suitable volunteers should not be detracted from sending in their applications. At present, only members of the Army Nursing Reserve, of which there are 108, will be asked to serve. Ladies who are desirous of doing duty in the field are warned that they will in all probability be subjected to a somewhat severe test. They will be required to live under canvas, and the work will be strenuous and heavy. Women of strong physique and powers of endurance will be found of value, provided that they are trained in nursing, and are willing to submit to the authority of those in command. Matrons will be paid three guineas per week, and sisters two guineas, while each nurse will receive 3/6 per diem field allowance. The nurses will be required to provide their own kit, toward which an allowance of £15 will be granted. Bedding must be provided as well, and, as is the case with officers, the nurses will find their own mess stores.

Male nurses are badly needed, however, since none have hitherto been trained in the Commonwealth. The male attendants accompanying the first expeditionary force are being trained in nursing by the sisters in the Melbourne and the Alfred Hospitals. The excellent manner in which the nursing staffs of these two hospitals responded to the suggestion is deserving of the highest praise. They have shown themselves to be true daughters of one of the noblest professions. We have been informed that the training of male attendants in nursing is also being considered in some of the great hospitals in other cities, and that, within a short time, a number of these institutions in each of the States will offer to carry this scheme into effect. These offers are likely to be received without any direct invitation, and will be greatly appreciated both by the medical and nursing professions and by the public generally.

Furthermore, what is generically termed "other ranks" needs consideration. In the first place, there are the men to be trained as male nurses. The experience made at Netley and elsewhere in the R.A.M.C. of the extraordinary capability of some trained male nurses, added to the fact that men are as a rule better adapted to the rough work of a campaign than women, has rendered it essential for the authorities to seek this assistance. Men who have served in the R.A.M.C. at home, and others who have the qualities required for this class of work should apply without loss of time for special posts and for immediate training. Ambulance carriers and other workers of this kind, as well as drivers, are also needed. A few clerks and those accustomed to the handling of stores, etc., will be required for the general work. In all, 840 men will be attached to the medical service division. The total number, including medical officers and nurses, will approximate 1000.

In the last place, the organization would not be complete if co-ordination with the Red Cross Associations were neglected. There are many requirements in the equipment for which no provisions have been made in the regulations of the A.A.M.C. The Red Cross Associations of Victoria and of New South Wales are being invited to stand by the Medical Service Department, and supply the articles required. For example, it is suggested that the X-ray apparatus, various items for the operation tents, and such like article should be provided in this way, and the generous public will have an opportunity of contributing in a really practical manner towards the comfort and safety of the wounded. The funds are already considerable, but it is anticipated that something like £4000 more will be re-

quired to provide for what is essential. An appeal has recently been made to the members of the New South Wales Branch of the British Medical Association to give to this cause in lieu of attending an annual dinner. The response has not been large, but, in view of the enormous sacrifices which the members of the profession are making, they should not be expected to take a still larger share of the burden. Let those who do not deliver up one-tenth of their callings see to the collection of these few thousand pounds, but let the medical profession keep up its tradition, and give its whole-hearted service in this one humane aspect of warfare. Medical men can assist by enlisting the sympathies and active co-operation of those of their patients who would be suitable for a position as male nurses, drivers, ambulance workers and the like; they can help by joining the defence force at home, or they can give their service for the wounded in Europe. When the complement is full—and we feel sure that no appeal from us is needed to realize this object—the remainder of the profession will have a special duty to perform in the interest of the Commonwealth, namely, to look after all the sick at home, who would otherwise be served by those on military medical duty. To the young and old, surgeon, physician, and public health expert, but especially to those who have experience in hospital and military service, we say —volunteer!

A VACCINATION ENQUIRY.

The State Parliament of Victoria, in its supreme wisdom, has appointed a select committee to inquire into the efficiency of vaccination as a protective measure against smallpox, and into the efficiency of the vaccination laws of the State. This Committee held its first meeting on September 16, 1914. The year might well have been 1814. To inquire into the prophylactic power of vaccination at the present day is equivalent to inquiring into the nutritive value of beef. The first witness was an anti-vaccinator, a solicitor. Some of his statements are not in accordance with fact. He said among other things, that it had not yet been decided whether smallpox was of germ origin. It would, perhaps, be too much to expect of a witness of this kind that he should be aware of the work done in determining whether the parasite of variola is a filter-passer or not. It has been established beyond any doubt within the last four or five years that the virus of vaccinia can be held back by an efficient porcelain filter. In addition to this, there is evidence that the virus of variola is of approximately the same size as that of vaccinia. Without wishing to overload a note of this character, we would refer those who require chapter and verse for this statement to the work of Dr. Green, published in the proceedings of the International Congress of Medicine (London, 1913), and elsewhere. The next statement which does not accord with proven fact is that there had been more deaths from vaccination than from smallpox in Australia. Vaccination with pure calf lymph has never yet killed one person, and the vaccine departments of our public health authorities are well enough equipped to ensure a supply of pure lymph. If any evidence were required to prove the prophylactic value of, and the power of reducing mortality from smallpox, by vaccination, that evidence has been supplied by the Metropolitan Asylums Board of London. The only nurses who contracted variola in the smallpox hospital under the Board were two women who refused to submit to vaccination, but who were accepted for duty during the London epidemic. These two were the only nurses employed during the last 15 years in this hospital or in the old smallpox ship who were not protected by vaccination. The fact that epidemics of variola have not arisen in Germany, since every person has to be vaccinated twice, and every conscript a third time on joining his regiment, speaks for itself. The only cases observed in Germany within recent years have been sporadic cases imported from Russia, Switzerland, or some other less well vaccinated community. When will Parliaments cease to occupy themselves with matters which do not really require investigation? The object of departmental or similar inquiries is to elicit facts, and this can only be done by collecting information from trained persons who have applied themselves to the study of the subject in question, and who are possessed of adequate knowledge, technical skill, and an open mind. The evidence of an outside observer who plays with reports and disfigures statistics cannot lead those searching for truth to the goal.

DIPHTHERIA CARRIERS.

The Medical Officer of the Health Department of Victoria has acted very wisely in pressing his Board to insist on the work of the detection of diphtheria "carriers" being undertaken by the Municipalities. The Board of Health is doing quite enough in the matter by making arrangements for the bacteriological part of the investigations to be undertaken centrally, free of cost. If this work is worth while doing at all it is worth while doing it properly. In Bendigo, a municipality which is held up as an example, the swabs are taken by a nurse. It has become a habit to regard this part of the investigation as so simple that anyone can perform it with success. The sterile swab, enclosed in a sterile test-tube, can be contaminated with great ease, and unless the person using the swab is trained bacteriologically there is considerable danger of the results being vitiated. We hope that in future the work will be carried out by competent bacteriologists.

Abstracts from Current Medical Literature.

THERAPEUTICS.

(124) Tuberculin Therapy.

In an article dealing with the treatment of tuberculosis by tuberculins, G. Lemoine (Gaz. des Prat., July 15, 1914) discusses the various forms of tuberculin. (1) Old tuberculin (T.A.), dilutions of from 1 : 100 to 1 : 10,000,000 are made with 0.25 per cent. phenol. The injections given begin with 1 c.cm. of the weakest solution, then 2 c.cm., then 3 c.cm., and then 4 c.cm., etc., up to 9 c.cm. After this dose has been reached, 1 c.cm. of 1 : 1,000,000 is given, and so on. (2) Purified solid tuberculin (l'Institut Pasteur), which is put up in a solution of 1 : 100. The dilution employed and the dosage is the same as that given for T.A. Lemoine states that this tuberculin is the most popular in France. (3) Denys' filtered bouillon; this tuberculin is prepared at the Bacteriological Institute of Louvain, and is put up in a series of 5 c.cm. bottles, representing 9 dilutions. Three injections are made every week, and the dose is worked up to reach the maximum in two months. The whole course extends over nine months. (4) Spengler's P.T. (bovine tuberculin). The author states that Spengler's theory that human tuberculosis may be due to either human or bovine tubercular bacilli, is not accepted in France. (5) Bacillary emulsion (B.E.): This tuberculin is, in Lemoine's opinion, extremely difficult to handle. The unit of dosage is taken at a milligramme of substance. Hoechst puts up an emulsion of 5 mm. per c.cm. of a 0.8 per cent. saline solution, while Borrel prepares an emulsion containing 30 mm. per c.cm. (6) Calmette's tuberculin (C.L.): This is prepared by Poulenc Frères in ampoules containing increasing quantities from 0.001 mm. The injections are carried out every ten to twelve days; when 1 mm. is reached, this dose is repeated for several months. (7) Beraneck's tuberculin (T.B.): This tuberculin is prepared in 17 different concentrations, each one being twice as strong as the preceding one. An injection is made every three days, and the same dose is repeated ten times before the next higher dose is employed. The course is extremely long. The author says that while it is extremely difficult to express an opinion on the value of tuberculin treatment at the present time, he is inclined to regard this form of treatment as so difficult and potentially dangerous that it is necessary to weigh the indications and contra-indications carefully in each case. The dose to begin with must be very small, and the rate of increase very slow. If the patient is not kept in a sanatorium he should at least be under the constant supervision of a medical man. Even in the most favourable cases tuberculin should only be employed as an adjuvant to the older forms of treatment, viz., open air and dietetic measures.

(125) Hexamethylenamin.

Hugh McGuigan and C. L. v. Hess (Achiv. Int. Med.," June, 1914) as the result of experiments, have come to the following conclusions: Since, after the administration of hexamethylenamin, free formaldehyd can only be detected in the gastric juice and acid urine, and not in other secretions or in the blood, even by means of dialyzing tests, the liberation is dependent on the acid reaction, and not on cell action. Even if it were liberated in other locations it would probably exert no beneficial action, because of its reconversion or rapid oxidation into injurious products. Combined formaldehyd as hexamethylenamin does not decompose readily until an acid medium is reached, when the action is that of weak formaldehyd. The only apparent indication for the internal administration of the drug, therefore, is in infections of the urinary tract.

(126) Treatment of Syphilitic Nervous Diseases.

Oppenheim (Berl. klin. Woch., April 13th, 1914) reports the results of his treatment during the past two years of about one hundred and thirty cases, chiefly of "metasyphilis," and a few of cerebro-spinal syphilis. In the latter group, there were twenty of cerebral syphilis. Under salvarsan, eight of these showed markedly beneficial results, nine showed no improvement, and three became worse. There were fifteen cases of spinal syphilis. Six showed great improvement, seven no improvement, and two became worse. Fifty tabetics were injected with salvarsan, and ten showed some improvement in some respects. In eleven no amelioration of any sort was noted, and some of the symptoms were aggravated. In the remaining twenty-nine there was no real improvement, nor was the rate of progression increased. In two special cases it was proved that the early and proper use of salvarsan did not prevent the development of tabes. In twenty-four cases of general paralysis, there were only two of improvement, fifteen were uninfluenced, and six were made rapidly worse. The author also tested a number of miscellaneous cerebral and cerebro-spinal diseases in syphilitics, but without obtaining any satisfactory results. The author generally warns his readers against an unconditional acceptance of his views, as he admits that his control of his cases was incomplete. In regard to any untoward results of salvarsan, he states that he has seen no fatalities, but, apart from the cases of acceleration of the disease process already mentioned, he has seen two cases of encephalomyelitis gravis. He does not wish to oppose his clinical experience to the results of more rational methods, but he points out that a number of ex-tabetics are now useful members of society, who once gave a positive Wassermann reaction, and yet received no salvarsan.

(127) Dial-Ciba.

In view of the fact that but few of the sedatives in use are sufficiently active for use in psychiatric conditions or free from toxic side effects, a large number of new preparations are constantly being introduced. One of the latest substitutes for opium and bromides is "dial," a substance which is chemically allied to veronal. It is prepared by the Society of Chemical Industry of Basle, Switzerland. The preparation has been shown in pharmacological experiment to be active and non-toxic. Felix Stern (Berl. Klin. Woch., July 6, 1914) has used dial in Siemerling's Psychiatric Clinic in Kiel in cases of excitement, mania, and hallucinations. He gave the substance in tablet form in doses of from 0.1 to 0.4 gramme. In hallucinatory restless conditions occurring in the course of paranoia, paranoid dementia, hebephrenia, etc., the effect was good in 13 out of 20 cases. In two cases the drug had only a week action. In impulsive excitement conditions a good action was obtained in about half the cases. Three complete failures were recorded in the delirium of the infective psychoses. As was to be expected, the results in mania were not uniform. Large doses were found to be necessary, and inasmuch as 0.5 gramme produced unsteadiness of gait and vomiting on the following day, the range of utility was considerably limited. Better results were obtained in insomnia associated with the feeling of fear, and in agrypnia associated with manic depressive insanity. In pure nervous sleeplessness it acted well, as it did in insomnia due to pain in normal subjects. He comes to the conclusion that dial is a useful, and when employed with reasonable care, a harmless, hypnotic. Its action is similar to that of several older hypnotics. In conditions of depression he found that two doses of 0.1 gramme were usually sufficient. He advises its use as a hypnotic in excitement conditions, to be given alternatively with other hypnotics. In some cases he has found it useful as a sedative in the place of bromides.

(128) Drugs and Uric Acid Excretion.

Daniels (Archiv. Int. Med., March, 1914) presents the results of certain work on this subject. Experiments were made with atophan (2-phenyl quinolin-4-carbonic acid) and solution of salts of lithium. The patient selected for treatment was a woman of 55, who had suffered from chronic gout for ten years. Tophaceous deposits were abundant. During the test a liberal but purin-free diet was allowed. The uric acid elimination was taken as the criterion of the solution of the deposited urates. The uric acid excretion was estimated for three days before any drug was given. The average daily amount was 0.26 grm—less than the normal amount, which, according to Magnus-Levy, varies from 0.3 to

0.6 grm. in 24 hours. Atophan in doses of 1.5 grm. was given thrice daily for a corresponding period. The daily excretion of uric acid rose to 0.455 grm., an increase of 72 per cent. The treatment was then suspended for three days, and the uric acid excretion fell to an amount below that of the first period when no drug was given. The author took this to be due to depletion of the uric acid content of the blood.

For a fourth period of three days, 5 grains of lithium citrate was given thrice daily, with no increase in the uric acid output. Atophan and lithium citrate given in combination in the same doses as previously raised the output 27 per cent to 0.311 grm. per day. Under the administration of atophan alone, extending for a period of two days, the excretion of uric acid sank to 0.27 grm., but the addition of 30 grains of lithium citrate thrice daily caused a 55 per cent. increase of uric acid. Coincident with the increased excretion diuresis was produced. The author concluded that by the administration of atophan the accumulation of uric acid in the blood of gouty subjects could be prevented.

UROLOGY.

(129) Surgical Treatment of Tuberculosis of the Prostate.

F. A. Hesse (Berl. Klin. Woch., 22nd June, 1914) points out that the opinion that tuberculosis of a prostate is a rare condition is no longer tenable. It is generally admitted that tuberculosis of the genito-urinary system may have its primary focus in the prostate. The infection may ascend or descend from both kidney and testis. He points out that conservative methods of treatment usually effect temporary improvement only, and that the prognosis of untreated tuberculosis of the prostate is very bad. It therefore follows that surgical intervention should be resorted to. Tuberculous abscesses should be opened from the perineum. Tubercular catarrh, tubercles, and caseation require special forms of treatment. After discussing the pathological conditions in some detail, he comes to the conclusion that as soon as the diagnosis of tuberculosis of the prostate is made the gland should be removed, together with the vesiculæ seminales, provided that the general health of the patient is sufficiently good to justify the operation, and that the local condition is not so extensive as to render the operation a very risky one. He prefers the ischio-rectal method, described by Voelcker, for the operation of prostatectomy, and at times combines with it the resection of the coccyx and of part of the sacrum. Extensive pulmonary tuberculosis and bilateral renal tuberculosis form contra indications to prostatectomy. In the case of unilateral renal tuberculosis, he advises nephrectomy, and if this does not lead to improvement after two months, prostatectomy. When the tubercular process involves the testes and epididymis, castration should be performed, and if no improvement of the prostatic condition is noted after two months prostatectomy should be performed.

(130) Collargol Injections in Pyelonephritis.

E. Rehn ("Mittelrheinische Chirurgenvereinigung; Zentralblatt für Chirurgie," No. 24, 1914) reports two cases of pyelitis, with pyelonephritis, in which renal infarcts and abscesses followed the injection of collargol. In one case the collargol had penetrated to the margin of the kidney. In No. 4, 1914, of the same journal, he published a similar case, together with the results of some animal experiments bearing on this subject. After the production of pyelonephritis in the dog, he found that collargol, if injected into the pelvis, penetrated the renal parenchyma, producing areas of suppuration and large infarcts. In hydronephrotic kidneys, the collargol penetrated the parenchyma, extending to the capsule in thin lines along the tubules, whilst in the normal organs the solution remained entirely in the pelvis. He emphasises the danger of collargol injection when there is any inflammation of the renal parenchyma. In the course of the discussion, Völckler (Heidelberg) recommended the use of a syringe of broad diameter for the injection of collargol, in order to lower the pressure in the renal pelvis. He used one of 5 cm. diameter.

(130) Nové-Josserand's Method of Urethroplastic.

Nové-Josserand reports the ultimate condition of 21 patients operated upon for hypospadias and epispadias by his special method ("Journ. d'Urologie," April, 1914). The operation is carried out in three separate stages, with intervals from two to five months between each of the stages. The technique is as follows: First stage—shortening of the dorsal surface of the penis and closure of the abnormal urethral orifice, perineal urethrostomy. Second stage—plastic construction of the urethra by tunnelization and transplantation of a tube of skin (greffe dermoépidermique). Third stage—enlargement of the urethra by internal urethrotomy and closure of the perineal fistula. Several of the cases were operated on from 6 to 12 years previously, and had yielded excellent permanent functional results. Stricture formed in four cases (i.e., 20 per cent.) at an early date, at the situation where the artificial urethra joined the natural one. He claims that this method is capable of effecting a permanent cure of even the worse cases of hypospadias. In four cases a fistula resulted, but in three of these the operation performed was an early modification of his present method. It is necessary to control the size of the urethra for some time after the operation, but this can very readily be done.

(132) Electrolytic Abortive Treatment of Gonorrhœa.

Li Virghi ("Journ. d'Urologie," No. 4, 1914) states that any case of acute gonorrhœa may be treated by the elctrolytic method, provided that the urethra is not too sensitive. The treatment, however, should be started within the first eleven days after the discharge is first noticed. If delayed beyond this period, the results are unreliable. The treatment is carried out as follows: The patient is put on a strict diet, the urethra is anæsthetized with 5 c.cm. of a 2 per cent. solution of cocaine and 5 c.cm. of a 4 per cent. solution of protargol are injected. A metal sound, with a bulbous end (No. 14 French scale) and with the stem insulated, is passed into the urethra and utilized as the negative electrode. The sound is moved gently backwards and forwards as far as the urethral bulb for three or four minutes, during which a constant current is allowed to act. The strength of the current is varied according to the sensibility of the mucous membrane. The treatment is repeated every day for three days, after which irrigation of the urethra with boric acid solution is carried out every day, and urethral massage, by means of a straight mental sound, is applied every other day until the discharge disappears. The electrolysis is repeated twice, if gonococci reappear in the urethral discharge. Li Virghi has treated 92 cases in this way, and claims to have obtained a permanent cure in 100 per cent. In 57 cases, in which the treatment was begun within three days of the onset of the disease, the discharge disappeared after eighty days. In 24 cases in which the treatment was begun from 4 to 6 days after the beginning of the disease, it disappeared after 12 days, and in 9 cases in which the treatment was begun from 7 to 10 days after the beginning of the disease, recovery was delayed for 20 to 25 days.

(133) Treatment of Tuberculosis of the Bladder by Iodine Vapour.

Normand ("Journal d'Urologie," 1914, No. 3). The principle of this method is to prepare iodine vapour by dissociating chemically pure iodoform by heat, and to apply the vapours form by heat, and to apply the vapour to the cavity of the bladder. The apparatus and the details of technique, which are very important, are fully dealt with by the author. The application is made once or twice a week. Normand treated fifteen patients at Marion's clinic in Paris, by this method. These patients had previously been treated before without benefit, for varying periods by other methods. In four of the cases of tuberculosis of the bladder treated in this manner the pains disappeared completely, while the remaining three patients were much improved. In all the cases the hæmaturia disappeared. All but one of eight cases of tuberculosis cystitis there was great objective and subjective improvement. The capacity of the bladder increased in one half of all cases.

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(Continued from page 300.)

tunity playing a secondary part. At Portland, where flints abounded along the coast line and no other suitable stones occur, the implements of flint, forming the great majority, were of a marked palæolithic type; most, if not all, of the types so classed in Europe being obtainable. Were these the only indications, it might be claimed that a race but little higher than the Tasmanian had existed on the mainland. On the Upper Goulburn River, where there were no flints and no quartzitic rocks of a tractable nature, a completely distinct group of implements was met with. The river pebbles, flattened ovals in form, were made implements by simply chipping around one edge. In the remote interior of the Mallee Scrub, where good brittle stone was obtainable only from great distances, each fragment was used and re-used until a complete series of minute implements of "pigmy" type were found. Even with such crude and cumbersome implements as stone-mills, the same law held good. In proximity to suitable sandstone, large roughly broken masses of stone were used, while at a distance the smaller quarried types prevailed.

In the last place they dealt with (5) classification. The first requirement was one system capable of including all forms, from the most primitive neolithic to a well-differentiated and fashioned neolithic implement. No existing European or American system was applicable, as all postulated a relationship between the workmanship and the cultural stage of the artificer: this was not justified by the Australian evidence. Consequently the classification adopted was that of Kenyon and Stirling (Royal Society of Victoria, vol. xiii. n.s. 1901), with such modifications as later discoveries had rendered necessary. This system was founded primarily on use, though form had to be relied upon in instances where use was merely conjectural.

In Australia at least the type of implement prevailing was no reliable index to the type of man who fashioned it, or to his stage of culture, or to his period of existence. But for the undeniable evidence as to the contemporary nature of the various camps, the conclusion would be justified that they were the remains of former inhabitants of neolithic, palæolithic, and, to coin a term, protolithic age.

Tuesday, August 18, 1914.

Palæolithic Caves.

Dr. R. R. Marett read a paper on the recent excavations in Jersey. He said that during the past three years fruitful exploration of the cave known as La Cotte de St. Brelade, on the South Coast of Jersey, had taken place, and the results were laid by him before the British Association at the Portsmouth, Dundee, and Birmingham meetings. This year for the first time the British Association had taken an active share in the work by making a grant of £50, and appointing a Committee of control. This latest chapter in the history of the excavation had consequently broken all previous records.

Hitherto the Mousterian floor had been cleared only along the west side of the cave, where about 25 feet of superincumbent debris had to be removed. It was now resolved to carry the clearing across the mouth to the east side, though this involved the demolition of an overlying mass of no less than 40 feet, weighing approximately a ton to every square foot of floor exposed. Considerable risk from falling stones had to be faced, but only one accident had occurred, and that fortunately was not a very serious one.

As the east limit was approached, the floor of ancient occupation increased in thickness; so that near the wall, which was found to be undercut by a considerable cavity forming a sort of side-chamber, as much as 12 feet of hearth-deposits, rich in bones and implements, were encountered.

Among the bones a rough preliminary survey reveals the presence of Mammoth, Woolly Rhinoceros, the Great Irish Elk, Reindeer, Red Deer, Roe Deer, Wild Ox, Wild Horse, Wild Goat, Cave-Hyæna, Fox, Arctic Lemming, and a species of Grouse. They were therefore dealing with a thoroughly representative pleistocene fauna of the cold, or tundra, type.

The number of implements obtained may be gathered from the fact that they exceeded three cwt. in sheer weight. It would, he said, take months of study to do justice to the wealth of types which they embodied. As far as could be made out at present, the Mousterian facies prevailed throughout, though it remained to be seen whether it would prove possible to differentiate in regard to style of workmanship the products of the various levels of the floor. In the meantime he pointed out that the characteristic "point" was found at all levels; though one of these, gathered at the lowest level, was worked on both sides, thus suggesting the technique of an earlier period. Among the smaller implements a certain number appeared to be notched towards the base, as if they had once been provided with a handle or shaft. There was a great variety of hammer-stones, mostly of granite, and of split pebbles, mostly of diabase, some of which had clearly been used as polishers. Altogether, this site was so rich that it might well come to be treated as the locus classicus for the determination of the leading forms of the Mousterian culture; more especially as, judging from the thickness of the implementiferous bed, and the occurrence of double patination upon certain implements, the occupants must have extended over an immense period of time.

There was still a great deal of work to be done on this site. This work promises to be immediately fruitful on both sides of the recent cutting. It was to be hoped that the British Association would not hesitate to provide a fresh grant, and thus identify itself still further with discoveries that could not fail to make for the advancement of archæological science.

The Brain of Primitive Man.

Profesor G. Elliot Smith, F.R.S. (Manchester), read a paper on the brain of primitive man. He exhibited photographs of the actual Piltdown fragments, and pointed out that the chief reason for the controversy over their interpretation lay in the fact that the majority of the anatomists who had written on the subject had used plaster models, in ignorance of the fact that the actual fragments revealed the presence of sutures. It had been possible to determine from the actual fragments and from their various features the anatomy of the median plane. A cranial cast, which—he assured his audience—was substantially accurate, had thus been obtained. He showed photographs of this cast and of very primitive human brains, chiefly of the Australian, negro and South African bushmen, and also of various paleolithic cranial casts. In the course of this demonstration he pointed out that whereas in the ordinary modern human brain, with its complex cerebral pattern, comparatively little could be made out from the cranial cast, yet a great deal of information could be obtained from the casts of more primitive brains with simple patterns. In the Piltdown brain, the defective development of the pre-frontal, parietal and inferior temporal areas was specially noteworthy. By comparison with Flechsig's tables, these areas were seen to be the last to complete their development. An analagous condition was present in the Gibraltar brain, and in the brains of many Australians, negroes and bushmen. A very marked boss is discernible in the second temporal gyrus. It was a significant fact that recent investigations founded upon clinical observation points to the location in this area of the power of originating speech.

Professor J. Symington, F.R.S., read a paper on the relations of the inner surface of the cranial wall to the brain, with special reference to the reconstruction of the brain from cranial casts, containing the results of a series of observations on the relations of the brain and skull with the object of ascertaining the extent to which casts of the cranial cavity rendered it possible to estimate the form of the brain and especially the position of the cerebral fissures and the degree of development of the cerebral convolutions. As was well known to anatomists, the bony wall of the cranium was separated from the brain by three membranes called the dura mater, the arachnoid, and the pia mater. As a rule these membranes were thin, but in certain situations they were thickened, or separated from one another; thus, meningeal vessels ramified on the outer surface of the dura mater, and certain venous channels, some of considerable size, were situated in the dura mater, while between arachnoid and the pia mater was the cerebrospinal fluid,

and the larger cerebral vessels lay in the subarachnoid space and the smaller ones in the pia mater.

In a series of specimens in which the brain had been carefully hardened in situ the cranial cavity was opened, and the brain divided in a horizontal, transverse vertical, or median direction. Plaster of Paris or gelatine casts were taken of part of the cranial cavity, first with the dura mater in situ and secondly after removal of this membrane. Moulds were also made of the part of the brain which occupied the portion of the cranial cavity from which casts had been taken. These moulds of the brain were made with the arachnoid and pia mater in position, and also after their removal, and from them casts were prepared. One complete set of such casts consisted of (1) the inner surface of the long wall of the skull, (2) the inner surface of the dura mater, (3) the outer surface of the arachnoid, and (4) the outer surface of the brain.

In thirteen adult subjects the vault of the skull and its contents, and in two the parts behind the foramen magnum, were examined, and in three the head was divided in the median plane and the lateral halves cast. With the aid of this material not only could the form of the brain and of the cranial cavity be compared, but the structures to which were due any differences between them could easily be demonstrated.

The results of this investigation showed that only the general form and size of the brain and the position of but few of its fissures and convolutions could be ascertained from the bony cranial casts, and that the simplicity or complexity of the cerebral convolutions could not be inferred from the feeble or marked development of the digital impressions on the inner surface of the cranial wall. These observations tended to throw grave doubts on the reliability of certain statements with reference to the peculiarities of the Piltdown brain based upon casts of the Piltdown cranium.

In the discussion, Professor Elliot Smith agreed with Professor Symington's remarks on cranial casts in modern humans—it was a thing on which all anatomists were in agreement—but the criticisms on the interpretation of the Piltdown casts, he regarded as quite irrelevant.

Wednesday, August 19, 1914.

Australian Culture.

Mr. W. H. R. Rivers examined the question whether Australian culture was simple or complex. If this culture did not represent a stage in, or an offshoot from, a direct line of social development, but was the result of the fusion of a number of elements which reached Australia at long intervals, the first step towards any sound knowledge must be the analysis of this culture. If such features of Australian culture as its totemism, its belief in the reincarnation of the dead, and its practice of mutilation were not independent developments, but the results of influences brought to Australia from elsewhere, perhaps in relatively recent times and by people whose culture was of a higher order than that now found in Australia, the foundation on which many recent anthropological speculations have been reared would be swept away.

In considering this question, the first point to be noted was that it was impossible to decide whether any culture was simple or complex by a study of that culture alone. It was only by comparison with neighbouring and allied cultures that the problem could be settled. The first question, therefore, which must be asked was whether any culture allied to that of Australia existed in its neighbourhood, and there could be no question that Melanesia possessed such a culture. Superficially the two were very different, but the more those aspects of culture were studied which do not lie on the surface, such as social structure and religion, the more apparent did the close relation between the two become. The complexity of Melanesian culture was evident, and the results of an attempt to analyse this complexity left little doubt that some of the elements which resembled those of Australia most closely had been brought from elsewhere, or had arisen out of the interaction between the indigenous and immigrant peoples.

In the next place, he stated that it was almost, if not quite, certain that the cultures which had reached Melanesia from without had come from the west, the immediate centre of dispersion having been the Malay Archipelago, and it was evident that the same influences had reached the remotest parts of Polynesia, as well as Madagascar. It seemed hardly possible that migrant peoples setting out from the Malay Archipelago and reaching such remote islands as Hawaii, Easter Island, New Zealand, New Caledonia, and Madagascar, could have failed to reach and influence a vast continent which lay quite near their home. It was probable that the main path of movements eastward from Malaysia lay north of New Guinea, and Australia might have thus escaped, but even if it be conceded that all the movements so passed, and this was most unlikely, the advocates of unity would be in no better case, for it was certain that the migrants turned the south-eastern corner of New Guinea and passed westwards. Culture-movements which passed in this direction as far as the Fly River of New Guinea were not likely to have escaped Australia.

These migrants must have been seafarers and would have reached Australia by sea. Seafarers so enterprising that they reached Easter Island and Madagascar were not likely to have been content to invade Australia at one point; they would have coasted far in search of favourable settling-places. One reason why so many students had been blind to the possibility of external influence in Australia was that they had pictured the process as the sweeping of an invading host across the continent. The history of Australian culture and its present nature became far easier to understand if there had been a gradual infiltration of seafaring peoples, starting from many points on the coast; if immigrants, few in number, first formed small settlements on the coast and passed on their culture to the interior of the continent by gradual secondary movements.

One difficulty which confronted this view was the apparently primitive character of the seafaring vessels of Australia. The view put forward could only stand if there had taken place that degeneration and even loss of so useful an object as the canoe of which definite evidence in Melanesia and Polynesia was obtainable.

The complexity of Australian culture would only be established when the facts of Melanesian, Papuan, and Australian culture had been fitted into a common scheme. He considered one feature of culture to illustrate the kind of process by which this object might be attained. The analysis of Melanesian culture had shown that certain main varieties of the modes of treating the bodies of the dead could be ascribed to immigrant peoples. This ascription rested partly on the distribution of these modes of disposal; partly on the association of these modes with other elements of culture; partly on the use of different modes by chiefs and commoners. The chief modes of disposal of the dead which occurred in Melanesia were also found in Australia. In order to prove that the two sets of customs had a common origin, it was necessary to show that the Australian modes of treating the dead were associated with those elements of culture with which they occurred in Melanesia.

He stated the problem in this manner, and put forward certain facts and principles in order that they might be taken into account in attempting to formulate a solution of the question. The history of Australian culture could only be learnt by a study of the distribution of its elements of culture in which far more attention was paid to the details of social structure and religious practice than had hitherto been given by advocates of Australian complexity.

Fortune-Telling.

Major A. J. N. Tremearne, M.A., LL.M., read an interesting paper on bori exorcism, fortune-telling, and invocation. He illustrated his remarks with lantern slides.

Many of the instances of exorcism cited were very curious. In one case a woman in Tunis had been ill for seven months, her body so lax that she could do nothing. After four and a half months she had given one franc, to be wrapped in a handkerchief and hung in the bori temple as an offering to Kuri. She got a little better, and at the end of the seventh month gave a dance. Her illness was transferred to two fowls, which were then killed, and various

bori came and entered the dancers. The patient was so much benefited that she was able to dance herself by midnight, and was walking about next day.

Another example quoted was as follows:—The godiya ("mare") having become affected by the inhalation of incense gave oracles and answered the questions asked. Several spirits mounted. During the inhalation the priestesses rubbed the ground, and during the possession of the godiya they knelt and received albaraka. An incantation was sung to each spirit on arrival by a special songstress.

As an instance of fortune-telling, he stated that when a person was going on a journey, fowls might be sacrificed after an invocation to the bori, and the blood flowing between the traveller's legs would bring the bori, who gave their albaraka. By the manner in which the blood flowed and by its appearance the success of the venture was foretold.

Friday, August 21, 1914.

(By our Special Correspondent.)

Professor David, F.R.S., and Professor J. T. Wilson, F.R.S., made "a preliminary communication on an Australian cranium of probable Pleistocene age." This was undoubtedly the most dramatic incident of the anthropological section's meetings in Australia, and created an impression similar to that caused by the discovery of the Piltdown canine tooth a few days before the meeting of the British Association in 1912. It certainly marks the most important moment in Australian anthropology. The facts are briefly as follows: Many years ago a fencer working on the Tilgai Station, in the Darling Downs, discovered in a billabong an object which he at first thought was a large rounded stone. It was not lying free at the bottom of the waterway, but was in its own bed, half way down the side wall of the old creek. Discovering it to be a skull, he handed it to his employer, from whom it passed into the possession of its present owner. Professor David chanced to hear of it, and obtained the skull with permission to investigate it. It came into his hands only a few days before the British Association meetings, and he immediately submitted it to Professor Wilson for anatomical investigation. Though sufficient time had not elapsed for any adequate investigation, the authors deemed the matter too important to neglect communicating it to the Association. The secret of the discovery had been well kept; it was only on the preceding day that any hint was allowed to escape that a communication of such interest and importance would be made.

Professor Wilson (Sydney), in first exhibiting the skull, pointed out that it unfortunately lacked the mandible, but was otherwise almost complete. There was considerable mineral incrustation, and the cranial cavity was completely filled. The surface of the bone was clearly evident in some places, and the general character of the specimen could be recognised with certainty. The eyebrow regions were not remarkably prominent for an Australian, but this was probably because it was not an adult skull. The occipital region was heavily encrusted, so that the skeletal features of this region, which are so important for purposes of comparison with other primitive crania, could not be recognised with any degree of certainty. In spite of this, however, the cranium had obviously a very low calvarial height. Similar measurements had no doubt been observed in the skulls of modern Australians. One side of the skull was crushed and distorted. The general characters of the facial skeleton were plainly discernible—a great degree of total prognathism and a flat primitive type of nose being very striking. The maxillary region was fortunately excellently preserved, and revealed a square primitive palate and some extraordinary dentitional features. On one side the canine tooth protruded like a great tusk, exceeding greatly in length and diameters the size of the canines of the present races. On its distal surface was a distinct facet, due to wear, placed high up near the alveolar margin. This tooth had obviously been extremely prominent, and had overriden the mandibular teeth opposed to it. The canine tooth on the other side showed a similar facet, but the tooth was not so prominent, having quite evidently been driven into the jaw after death. The third molar teeth were apparently not erupted, and this important fact was the only criterion of age at present available. So far as Professor Wilson had been able to form an opinion, the skull was of very low, but distinctly Australian type, with a very primitive dentition—it was, in fact, Proto-Australian. It enabled at las the answer to the old question, "Has man any antiquity in Australia?" to be made in the affirmative.

Professor David (Sydney) made a few and guarded remarks on the geological aspect of the question. The skull was immensely heavy, being filled, and was in a complete state of mineralization. Much incrustation was present in some parts, but true bone could be recognized. There was no doubt that extreme antiquity could be assigned to the skull, but sufficient data were not yet available to enable the exact geological horizon to be definitely determined. In addition to the anatomical evidence, he based his assertion of its antiquity on the extreme degree of fossilization, and on the fact that it came from a region where remains of extinct pleistocene mammals in an exactly similar state of fossilization had been obtained in considerable quantities.

Professor von Luschan (Berlin), congratulated Professors David and Wilson on their dramatic and epoch-making discovery. Though hesitating to say anything about the skull without having examined it more carefully, he was satisfied that it was of a very primitive type and of considerable antiquity.

Professor G. Elliot Smith, F.R.S., said that the discovery of this skull would make the 1914 meeting of the British Association one of the most famous in its annals, and he congratulated the authors on having made the communication of the most important discovery in the anthropology of Australia, in Australia itself. His impression of the skull from a cursory examination was that it was undoubtedly Proto-Australian. Two interesting facts immediately emerged, namely, that there could no longer be any denial of the possibility of such a canine tooth being definitely human, and also that the extreme antiquity of the skull immediately set back the history of navigation to a very early date, since it was quite impossible to contend that land communication between Australia and Asia was present at the time to which this skull belonged.

Professor Berry (Melbourne), complimented his Sydney colleagues on their "find," and expressed the hope that further investigations would add more to the geological data.

While Professor Sollas, F.R.S. (Oxford), referred to his emotions on handling a pleistocene Australian skull, the audience trembled lest these same emotions should result in the skull being allowed to fall. Sir Everard im Thurn, with great determination (and persistency) eventually removed the treasure to a place of safety, and Professor Sollas went on to state his general agreement with the conclusions of the authors of the communication.

Since the meeting terminated, Professor David has visited the actual part of the Darling Downs whence the skull was obtained. He was fortunate enough to find the original discoverer, who, though old and almost crippled by rheumatism, was conveyed to the spot by motor-car, and pointed out definitely the locality from which the skull was obtained. Additional geological facts of considerable importance will probably be added to our knowledge of this question.

Tuesday, August 25, 1914.

Native Culture.

Dr. A. C. Haddon, F.R.S. (Cambridge), opened a discussion on the study of native culture in relation to administration. He pointed out that the successful administration of native affairs demanded special qualifications. The history of the Empire afforded abundant evidence of failures resulting from lack of knowledge. It was, of course, obvious that tact and sympathy with native ideas were necessary, but, above all, knowledge, such as antropology affords, was indispensible. Many instances were cited of disastrous blunders caused by a lack of this knowledge, mistakes which had been followed by the gravest political consequences. No matter how well-intentioned an administrator might be, no matter how naturally tactful and sympathetic, he was liable to failure unless he had some antropological knowledge and training. Officials had consistently pointed this out after many almost wasted years in native dependencies. It was urged that the governments involved should select for these posts men who had had some training in anthropology and the allied sciences. Dr. Haddon's exhaustive treatment of this matter was supported strongly by Sir Everard im Thurn, the Rev. G.

Brown and Professor Elliot Smith, who drew attention to the fact that it was not so much the actual amount of knowledge which might be imparted that was of such importance, but the fact that such knowledge was available and that there was, above all, such a thing as an antropological point of view or attitude of mind.

Ancient Egyptians.

Professor G. Elliott Smith, F.R.S. (Manchester), read portions of his reports on the physical characters of the ancient Egyptians. This report dealt with two distinct series of material—one from Saggara, in Lower Egypt, and the other from the Sudan. Both collections were of exceptional importance from their bearing upon the history and the racial movements in the Nile Valley. The Saggara collection represented the remains of the very people who were responsible for the introduction of technical inventions, which were of far-reaching importance in the history, not merely of Egyptian craftsmanship, but of that of the whole world. It was consequently of great importance to determine the precise racial characteristics of the people who invented, and were the first to practice, these arts. The investigation of the skeletons revealed what was probably the earliest attempts at mummification, of which evidence still existed. It also provided the earliest known instances of symmetrical thinning of the parietal bones, not due to senile changes. Its causation seemed to be associated with the habit of the constant wearing of heavy wigs which, by pressure, affect the blood supply of the parietal bones. The determination of the fact which emerged from a general survey of the material—namely, that the people who developed the wonderful and precocious civilization of Egypt were not pure Proto-Egyptians, was regarded by the speaker as one of the most important results of his investigations. This "alien" type could be recognized abundantly in the collection of material. It was clearly differentiated in physical type from the true aboriginal inhabitants of Egypt. The material collected from the Sudan, and dating from the Hyksos period, was briefly referred to. Dr. Elliott Smith stated that he would deal with this subject more fully in a later communication. The subject promised to be of surpassing interest.

Aboriginal Bones.

Dr. S. A. Smith (Sydney) made some observations on the Australian aboriginal humerus. He remarked that the literature of physical anthropology contained little more on the subject of the humerus than estimations of the humero-radial index, and of the angle of torsion. He had been able to investigate a fine collection of nearly 100 humeri of Australians, and to compare them with 40 European and 2 anthropoid (gorilla) bones. The general conformation of the Australian aboriginal humerus showed that it was typically much slenderer than European bones of the same sex, and of approximately similar size. By adopting a "robusticity index," estimated by relating the length of the bone to its minimum circumference, this racial difference was rendered very evident. Many of the bones showed a peculiarity of their distal articular surface in the extrme depth of the groove on the trochlear surface. The medial epicondyle was also extremely prominent, being comparable in this respect to this feature in some paleolithic humeri, and to a slighter degree to the anthropoid condition. The estimation of the humero-radial index confirmed the results of Turner and others, and showed that the Australian aboriginal had a relatively longer forearm than the European. The size of the proximal articular surface showed a distinct sexual difference, being appreciably and constantly larger in the male than in the female. In regard to the texture of the bones, he was able to demonstrate that, with the relatively smaller circumference, the Australian bone showed a correspondingly thicker section. This thick bone possesed a small, compact shell, and a very extensive condensed spongy portion. Attempts were made to obtain a weight-volume expression for Australian and European bones. After the volume had been determined, the bones were completely calcined, so that differences in maceration would not affect the result, and then weighed. The index calculated from these measurements proved clearly that the bones of Australian aboriginals were appreciably heavier than those of the European.

Dr. S. A. Smith recorded the results of craniological observations on a series of Solomon Island skulls. The crania were from the western Solomons, and showed considerable diversity in type. Two main types were to be recognized, distinguished by their cranial measurements, the shape of the calvarium, the nasal and orbital skeletons and the mandibular characters.

Totemisin.

Mr. A. R. Brown (Birmingham) read a paper on the varieties of totemisin in Australia. This was an attempt at a systematic study and classification of totemism as practised by the aboriginals of Australia. Totemism was defined as a special magico-religious relation between an individual or a social group on the one hand, and a class of natural objects, generally a species of animal or plant, on the other. Eight different types were to be recognised, involving relationship by descent in the male or female line, locality, cult, sex, special personal characters, etc. In considering the nature of the relationship, he distinguished three main kinds of totemism associateed with a positive or negative ritual, or with no organized ritual at all. The geographical distribution of these various forms of ceremonial was also fully described.

Gerontocracy and Marriage.

Dr. W. H. Rivers, F.R.S. (Cambridge), said that Melanesia was the seat of certain peculiar forms of marriage. In one island it had been the custom that a man should marry the granddaughter of his brother. Elsewhere he married the wife or widow of his mother's brother, and in other places the systems of relationship showed that it was formerly the custom to marry a woman having the status of grandmother, viz., the wife of the father's father, or of his brother. These extraordinary forms of marriage were just such as would arise out of the peculiar social organisation of Melanesia if the old men had monopolised all the young women, so that the young men could only marry by being given the cast-off wives of their elders. Though the monopoly of young women by the old men and the transference of other wives to the young men would thus explain the peculiar forms of marriage, they had at present little direct evidence for the occurrence of these practices in Melanesia. It was known, however, that the gerontocracy, or rule of the old men, among the Australian aborigines was often accompanied by monopoly of the young women. If the peculiar marriages of Melanesia were the consequence of such a monopoly they should, therefore, expect to find these forms of marriage in Australia. One had long been known to occur among the Dieri of the central region, who married the grand-daughter of the brother, but until now there had been no evidence for the other kinds of marriage. The missing evidence, however, had now been supplied by the work of Professor Baldwin Spencer in the Northern Territory, where wives were transferred to the sisters' sons (as well as to the sons) in the Kakadu tribe, while the systems of relationship of many tribes showed the former presence of transference to the son's sons. All the forms of marriage which would be the natural result of the monopoly of the young women by the old men were thus now known to accompany the gerontocracy of Australia.

Demonstrations.

Mr. R. Etheridge (Sydney) exhibited a fine collection of cylindro-conical stones of western New South Wales. These were described and classified, and their geographical distribution fully determined. No explanation of their significance had ever been given, nor could any feasible hypothesis be advanced.

Mr. W. G. Enright (Sydney) exhibited an Australian aboriginal stone axe-head, found at a depth of ten feet of alluvium, in the Maitland district.

Mr. J. L. Elmore (Sydney) exhibited some excellent facsimile drawings from rock shelters, and illustrations of rock carvings of South African bushmen. He also showed some rubbings from Australian aboriginal paintings.

Dr. J. F. Flashman (Sydney) communicated the results of some investigations, in which he attempted to define the relative position of the cranial base and the corpus callosum in the brain of the Australian aborignial, in comparison with

that of the European and the anthropoid ape. The results of the investigation were inconclusive.

Mr. E. Milne (Orange) read a very interesting paper on New South Wales aboriginal autographs. The history of our knowledge of these tree carvings was detailed from the time of Oxley's journal to the present. Their location was also referred to, and a detailed description of those near Narromine was given. Stress was laid on the constant relationship of arborglyph and burial place. The carvings attempted to pourtray human beings and animals, and were associated with symbols suggesting a rude attempt at writing. Mr. Milne paid a warm tribute to the care which the owners of the properties on which these trees had been found near Narromine, had exercised to preserve these objects for scientific investigation.

Dr. S. A. Smith (Sydney), in the absence of Professor J. T. Wilson, F.R.S., demonstrated two series of Australian aboriginal skulls, showing (a) various stages in the development of the fourth molar tooth, and (b) symmetrical exostoses in the acustic meatus. In the first series, every step was demonstrated in the production of this interesting dentitional anomaly from a small groove behind the third molar, which lodged the backward extension of the dental lamina to the fully developed fourth molar tooth, with complete molar characters.

The second series showed many different degrees of symmetrical exortoses in the acustic meatus. Attention was drawn to the fact that this curious condition may occur in thin tympanic bones, as well as in very thick ones, and that in its typical form it affected the anterior and posterior edges of the tympanium.

Reviews.

DISEASES OF THE RECTUM.

Mr. Lockhart-Mummery is to be congratulated upon a valuable addition (1) to the knowledge of the practical treatment of diseases of the rectum and anus, based upon his investigations of these diseases at St. Mark's Hospital.

Though the greater portion of the book is devoted to the treatment, brief notes are included on the etiology, pathology, and symptomatology of diseases of this region. After a short description of malformations and of methods of examination, the greater part of the book is devoted to the less serious rectal conditions, malignant disease being considered rather briefly in the last few chapters.

There is included an interesting chapter by Dr. Blumfeld on anæsthesia in rectal operations, in which the value of the open ether method is emphasised.

Mr. Mummery's statement that tertiary syphilis of the rectum is extremely rare will not meet with general acceptance in this country. The fact that he has been unable to find a reliable record of a single case of tertiary syphilis or syphilitic stricture of the rectum at St. Mark's Hospital is somewhat surprising.

References to recent work are few. No mention is made for example of Mayo's operation for the removal of rectal carcinoma, but there is a short account of modern theories concerning the modes of extension of this neoplasm.

The book is well illustrated by numerous drawings, diagrams, and figures of instruments, and attains the high standard set by the author's previous work.

ANATOMY AND PHYSIOLOGY.

The third (2) edition of this book has been prepared to meet an increasing demand for a text-book which shall present the subjects of Anatomy and Physiology in a manner available to the students of training schools and other educational institutions. Written at first as a handbook of anatomy for nurses, it has been extended in scope to include the subject of Physiology in recognition of the demand that a further knowledge of that branch shall form part of the equipment of the well-trained nurse. It gives in short sentences a synopsis of the salient features of the structure and function of the various portions of the human body. The B.N.A. nomenclature is not generally employed, but it is being introduced by means of added tables. Clinical notes are freely inserted into the text, and the author hopes that they will be of value later in the post-graduate career of the students of this text-book. The illustrations, mainly diagrammatic in form, enhance the value of the work. They are clear, sharp, and expressive. The use of colour to increase their visual impression has been employed to much advantage. The examination of certain chapters shows that the work has been brought up to date, and includes brief accounts of facts recently recorded. Judicious summaries are introduced from time to time in the accounts of the more important sections.

The work may be commended for its excellent, though brief, statement of the main facts of general anatomy. General physiology is not treated in the same comprehensive manner. A chapter on the structure and general functions of cells could be included with advantage. The account of the larynx and voice-production might also be amplified.

Combined with good teaching this book should serve well its author's purpose in its production.

(1) "Diseases of the Rectum and Anus," a practical handbook by P. Lockhart-Mummery, F.R.C.S. Balliere, Tindall and Cox, London. Demy 8vo., pp. 348; 102 illustrations. Price, 7/6.

(2) Anatomy and Physiology. By Elizabeth R. Bundy, M.D. Third edition, revised and enlarged, with glossary, 1914. Philadelphia: P. Blakiston's and Co., 8vo., pp. 408, 233 illustrations (43 in colours). Price, 7s. 6d.

Notes on Books.

The publications of the Sydney University contained in the Fisher Library, and including the official publications, those of the University officers and research scholars, and those of the Universitiy Societies have been indexed in a bibliographical record (3), edited by the Assistant Librarian, Mr. J. Legay Brereton. The following is a list of the authors of mental works referred to:—Dr. J. E. V. Barling, Dr. A. G. Butler, Dr. H. G. Chapman, Dr. T. Fiaschi, Dr. J. F. Flashman, Dr. Sinclair Gillies, Dr. H. V. Critchley Hinder, Dr. Sydney Jamieson, Dr. N. W. Kater, Dr. H. L. Kesteven, Sir Alexander MacCormick, Prof. C. J. Martin, F.R.S., Dr. John Morton, Dr. Arthur Palmer, Dr. F. Antill Pockley, Dr. F. P. Sandes, Dr. R. Scot Skirving, Dr. S. A. Smith, Sir Thomas P. Anderson Stuart, K,B., Dr. S. Blakeway Wade, Prof. D. A. Welsh, Dr. W. Camac Wilkinson, and Prof. J. T. Wilson.

STUDENTS' AIDS SERIES.

In the Students' Aid Series, published by Ballière, Tindall and Cox, a large number of pocket handbooks are offered to the student. Three fresh additions have recently been issued. The first is on clinical medicine, by Dr. Bernard Hudson (4). He states in his preface that the booklet is not intended to replace the text books on medicine. We trust that it will not do so. If intended to serve as a reminder of knowledge gained in other books, it may certainly have some use. In its pages are set forth, in an epitomized fashion, some of the knowledge possessed of the ætiology, symptoms, pathology, diagnosis, prognosis, prophylaxis and treatment of a large number of diseases. In many cases the subjects are dealt with quite skilfully in so far as the compression of data into a small space is concerned. The doctrines are in some cases not quite up-to-date, as for example the classification of tabes dorsalis as a parasyphilitic affection.

The volume dealing with forensic medicine and toxicology (5) has reached its eighth edition, and its eighteen

(3) Bibliographical Record of the University of Sydney, edited by J. Le Gay Brereton, B.A., Assistant Librarian, 1914. Sydney: W. E. Smith, Ltd., printers to the University of Sydney. Demi. 8vo., pp. 94.

(4) Aids to Medicine. By Bernard Hudson, M.D., M.R.C.P. Second edition, 1914. London: Bailliere, Tindall and Cox; pp. 321. Price, 3s. 6d.

(5) Aids to Forensic Medicine and Toxicology. By the late William Murrell, M.D., F.R.C.P., revised by W. G. Aitchison Robertson, M.D., D.Sc., F.R.C.P.E. Eighth edition, 1914. London: Bailliere, Tindall and Cox; pp. 153. Price, 2s. 6d.

thousandth copy. From this it appears that it enjoys considerable popularity. There is perhaps more excuse for a pocket edition of toxicology than of any other branch of medicine, although we would imagine that if the chances of recovery from poisoning depended on the treatment looked up in a small pocketbook, the average suicide would probably succeed in his object. The book is full of information, skilfully expressed, but, like the rest of the series, the descriptions are too brief, and too many important details are omitted. Examiners should be on the lookout that the candidates do not derive information from volumes of this description. Cramming from a book of the size of Dr. Murrell's Aids would be the worst form imaginable.

The last of the three is on dental anatomy and physiology (6). This little work has the advantage over the two mentioned above in that the descriptive data are more comprehensive, and brevity is not so apparent. A chapter on the nature of teeth and that on the tissues are well given. We can recommend this little book to medical men whose knowledge of dental anatomy and physiology is limited, and to dental students who have received their elementary instruction in dental schools other than that at King's College, London.

EXAMINATION OF URINE.

Dr. Hewat offers to the student a short description (7) of the methods of examining urine, blood, stomach contents, sputum, etc., and states that he hopes that much time in note-taking and searching through larger text books will be saved. The book is scarcely too large to go into an ordinary waistcoat pocket. While the majority of the simpler tests for normal and pathological constituents of the excreta, body fluids, etc., are briefly and clearly described, the information contained is totally insufficient for the needs of modern medicine. Physiological chemistry has sharpened the majority of its methods within recent years, and reliable results can only be obtained by those who have obtained a mastery of analytical methods, and have considerable experience in these matters. It is doubtful whether the general practitioner would be enabled to carry out an accurate estimation of ammonia nitrogen, for example, from the descriptions given in the booklet. The purely chemical part of the book, however, is better given than the hæmatological or the bacteriological portions.

British Medical Association News.

The Central Council of the British Medical Association has arranged with the Council of the Pharmaceutical Society of Great Britain and Ireland, to supply medical attendance, medicine, and appliances to the dependents of all those serving the country during the war. The Government has accepted this very generous offer. We understand that the cost of drugs and appliances will be covered out of the Prince of Wales' Fund. We are not yet in a position to state what arrangements the Central Council has made with the Branches.

SCIENTIFIC.

A meeting of the Bendigo Division of the B.M.A. was held at the Board Room, Bendigo Hospital, on September 3, 1914, Dr. Ffrost, the President, in the chair.

Dr. Douglas exhibited a boy with a tumour of the wrist of two months' duration. The tumour was hard, painless and immobile. A skiagram showed it to be an exostosis of the inner aspect of the lower end of radius.

He (Dr. Douglas) also showed a single woman, aged 39 years, with a large fungatory and deeply excavated tumour of the breast. It was only noticed six weeks previously. Although presenting such a malignant appearance, there was no obvious enlargement of the axillary glands. A section showed the growth to be an endothelioma.

Dr. Moran showed a case of advanced hepatic cirrhosis in a woman, 35 years of age, who admitted that she had been in the habit of drinking a small quantity of colonial wine daily for 15 years. "Hobnails" could be felt on the surface of the liver. A peculior feature of the case was the presence of 4 per cent. of myelocytes in the blood.

Dr. Green took polygraph tracings of recent diptheritic cases, with cardiac involvement. Three cases showed derangement of the bundle of His. The a-c interval was lengthened in all cases, localising the damage to diminished conductivity of the bundle of His. One case was one of heart block, having a 2 to 1 rythm. All cases ultimately recovered, and the tracing showed a normal a-c interval. They were all treated with injections of strychnine and atropine.

Dr. Webster showed a case of progressive amyotrophic lateral sclerosis in a man who also had molluscum fibrosum.

Dr. Williams showed a series of X-ray plates.

The Hon. Secretary was instructed to write to Drs. Lewers and Jolley, and convey the best wishes of the members to them for a safe return from the war.

Dr. Jackson wrote, thanking the members for their offers of assistance during his absence at the war, but declining same, as he had decided to close his rooms while away.

NEW SOUTH WALES BRANCH.

The following have been nominated for election as members:—

Dr. Ulrick Bourke, Dungog.
Dr. James Arthur Murphy, Goodooga.

Medical Societies.

NORTHERN DISTRICT MEDICAL ASSOCIATION.

(Affiliated with the British Medical Association.)

A meeting of the Northern District Medical Association was held on Wednesday, September 16, 1914, at Flanders' Eaton's Hotel, Muswellbrook, Dr. C. H. Soett, the President, in the chair.

Dr. C. L. Handcock, Muswellbrook, was elected a member.

The following resolutions were carried:—

1. "That this meeting cannot entertain the proposals that there should be any concessions in regard to the payment for medical attendance on Friendly Society Lodge members."
2. "That members pledge themselves to undertake the duties of medical men who are called out on active service as their substitutes, and will further decline to attend their patients after their return, or continue in any appointment which they have held on their behalf."
3. "That consideration of Dr. Antill Pockley's scheme of 'Medical Attendance Assurance' be deferred for consideration pending further details being obtained."

The meeting instructed the delegate appointed to represent the Association at the annual meeting of delegates of the Affiliated Local Associations, on October 1 and 2, 1914:—

1. To vote against any modifications or exemptions in regard to the Common Form of Agreement.
2. To vote in favour of—
   1. The activities of the Branch being extended so as to include Medical Agency, Medical Defence, etc.
   2. The Articles of Association being amended so as to provide that the Council may delegate some of its functions to Standing Committees.

(6) Aids to Dental Anatomy and Physiology. By Arthur S. Underwood, M.R.C.S., L.D.S. Third edition, 1914. London: Baillière, Tindall and Cox; pp. 136. Price, 2s. 6d.

(7) Examination of the Urine and other Clinical Side-room Methods (late Husband's.) By Andrew Fergus Hewat, M.B., Ch.B., M.R.C.P.Ed. Fifth edition, 1914. Edinburgh: E. and S. Livingstone; pp. 199, illustrated.

3. Meetings being arranged of members interested in special branches of medicine.

4. Uniformity in regard to the rules and regulations.

3. And to exercise his own discretion in regard to—

1. The increasing of the annual subscription to the Branch.

2. The representation on the Council of members residing in the country.

3. The resignation of the Hon. Organizer.

A resolution was carried to the effect that the Hon. Organizer be requested to reconsider his resignation.

THE MELBOURNE MEDICAL ASSOCIATION.

The twenty-third annual meeting of the Melbourne Medical Association was held at the University Club, Swanston Street, Melbourne, on September 10, 1914, Dr. L. A. Balfour in the chair. In presenting the annual report, the President stated that the Association had held clinical and laboratory demonstrations during the course of the year, and had endeavoured to support the medical school of the Melbourne University. In co-operation with the Victorian Branch of the British Medical Association, the University Graduates' Association and the Women's Medical Association, the Melbourne Medical Association had applied for subscriptions for the purpose of having a portrait of Sir Harry Allen painted. The response had been good, and the picture had been presented to the University, and now hung in the Wilson Hall. Professor Berry's scheme for the institution of a gallery of photographs of old graduates of the Melbourne Medical School had been put into effect. The Association had further taken an active part in the celebrations of the Jubilee of the Melbourne Medical School, it being the official organ of the graduates.

During the year the Committee had lost by death two of its members, Dr. F. Clendinnen and Dr. W. A. Moss. He further made mention of the fact that Professor H. B. Allen had been knighted, and that Mr. F. D. Bird had received the honorary Fellowship of the Royal College of Surgeons, England. The congratulations of the Association were accorded to both Sir Harry Allen and Mr. Bird. The Committee accepted with regret the resignation of Dr. H. D. Stephens, who had held the post of Honorary Secretary. Dr. Stephens was elected to the office of Vice-President.

The following gentlemen were elected office-bearers for the ensuing year:—

President, Dr. L. J. Balfour; Vice-Presidents, Dr. N. McArthur and Dr. H. D. Stephens; Honorary Treasurer, Dr. Stanley Argyle; Honorary Steward, Dr. J. H. Nattrass; Honorary Secretary, Dr. Konrad Hiller; Honorary Auditor, Dr. A. J. Wood; Members of the Committee, Drs. C. A. Altmann, Anderson, and Bage, Professor Berry, Drs. Craig, Hewlett, Webb and Zwar.

Public Health.

SMALL-POX IN SYDNEY.

The number of small-pox cases reported to the Department of Public Health, New South Wales, during the week ended 20th September, 1914, were:—

City of Sydney and Metropolitan District	17
Country—	
Newcastle District	2
Kyogle	1
Total	20

INFECTIVE DISEASES IN WESTERN AUSTRALIA.

The notifications received by the Department of Public Health, Western Australia, for the week ended August 29, 1914, were:—

District.	Typhoid.	Diphtheria.	Phthisis.	Beri Beri.	Larngeal T.B.	Malaria.
Perth	—	—	2	—	—	—
Subiaco	—	—	—	—	1	—
Perth, North	—	1	—	—	—	—
Boulder	1	—	—	—	—	—
Goomalling	1	—	—	—	—	—
Merredin	—	1	—	—	—	—
Laverton	—	—	1	—	—	—
Broome	—	—	—	3	—	1
Total	2	2	3	3	1	1

The notifications received by the Department of Public Health, Western Australia, for the week ended September 5, 1914, were:—

District.	Typhoid.	Diphtheria.	Scarlet Fever.	Phthisis.
Fremantle	—	2	—	—
Subiaco	—	1	1	—
Leederville	1	—	—	—
Perth	—	—	1	1
Perth, North	—	1	—	—
Boulder	—	2	—	—
Katanning	—	1	—	—
Narrogin	—	1	—	—
Yilliminning	1	—	—	—
Total	2	8	2	1

INFECTIVE DISEASES IN PERTH.

During the fortnight ended August 24, 1914, the following notifications were received by the City Health Officer for Perth (W.A.):—

Diphtheria	4
Erysipelas	1
Tuberculosis	5
Enteric	1
Total	11

During the corresponding period last year six cases were reported.

During the fortnight ended September 7, 1914, the following notifications were received:—

Enteric	1
Puerperal Sepsis	1
Tuberculosis	3
Diphtheria	1
Scarlatnia	1
Total	7

Corresponding period last year:—

Tuberculosis	9
Diphtheria	4
Erysipelas	2
Ophthalmia	1
Total	16

INFECTIVE DISEASES IN QUEENSLAND.

The following notifications have been received by the Department of Public Health, Queensland, during the week ended September 12th, 1914:—

Notifiable Disease.	No. of Cases.
Typhoid Fever	3
Diphtheria	48
Varicella	32
Phthisis	9
Erysipelas	2
Scarlet Fever	4
Ankylostomiasis	2
Puerperal Fever	2
Total number of cases	102

THE HEALTH OF NEW ZEALAND.

During the month of August the District Health Medical Officer of Auckland has received the following notifications of infective diseases:—

	Scarlatina.	Diphtheria.	Enteric Fever.	Tuberculosis.
City	3	2	1	6
Suburbs	4	8	4	5
Country Districts ..	3	10	60	5
Totals..	10	20	65	16

In addition there were 10 cases of septicæma (4 in the city, 4 in the suburbs, and 2 in the country districts), and 68 cases of varicella (24 in the city, 25 in the suburbs, and 19 in the country districts).

A return of the number of cases of variola among the Maoris in 1913 was laid on the table of the New Zealand Parliament on September 10, 1914. The total number of cases notified was 534. The patients affected were said to include 116 Europeans. None of the European cases had ended fatally. It had been estimated that 1978 Maoris had been infected, and information in regard to 55 deaths had been received. In regard to the question of vaccination, it had been ascertained that none of the Europeans who contracted the disease had been vaccinated, and furthermore that scarcely 15 per cent. of the Maori population had been vaccinated prior to the epidemic.

INSANE IN QUEENSLAND.

The inspectors of hospitals for the insane in Queensland have issued their report for the year 1913. The report is divided into four parts, the first three being the reports of the Medical Superintendents of the hospitals for the insane at Goodna, Toowoomba, and Ipswich respectively, and the fourth being the report of the Inspector of Asylums.

Hospital for the Insane, Goodna.

During the year 1913, 1672 patients have been under treatment. 384 of these were admitted into the hospital during the year. 231 patients were either discharged or transferred elsewhere. 115 died. 1339 remained in the hospital on December 31, 1913. The Superintendent records heredity as a predisposing cause in 53 cases of the 384 admitted during the year. He is of opinion, however, that this number would be very much larger were the true family history of all the patients ascertainable. Congenital cerebral conditions were present in 42 cases, and in 14 of these there was a definite epilepsy. In 65 cases, alcohol appears to have played a part in the causation. In 22 cases the insanity was referable to a previous attack of syphilis. Of these cases, 15 were general paralysis of the insane. There were 45 cases of acute mania, 48 of alcoholic mania, 44 of senile dementia, 44 of delusional insanity, 23 of acute melancholia, 22 of subacute mania, 18 of maniacal depression, and 17 of acquired epileptic insanity. 183 of the patients who were discharged were tabulated as "recovered." The recovery rate taken as the percentage of recoveries to the total number of admissions, both of the hospital and at the reception houses, was 53.77. Of the causes of death, senility was registered in 20 cases, general paralysis of the insane in 13 cases, pulmonary tuberculosis in 9 cases, and statis epilepticus in 8 cases. One patient committed suicide by jumping off a verandah, another killed herself by drinking lysol, and a third by taking cyanide. Only three patients escaped from the asylum, but in each case the patient was recaptured within a short time.

Hospital for the Insane, Toowoomba.

The total number of patients treated at Toowoomba in 1913 was 843. 99 of these were admitted during the year. In 35 cases the form of insanity was mania, in 14 melancholia, in 9 delusional insanity, in 5 primary dementia, in 6 senile insanity, and in 4 insanity due to congenital deficiency. Alcohol was regarded as the cause in 13 cases, mental stress in 8 and senility in 6. In 11 cases the heredity was ascertained. Eight of the patients had been in an asylum before. One patient had been discharged as "cured" from another asylum, and had remained well for two years. During the year, 34 of the discharged patients had recovered. The recovery-rate is given as 45.2 per cent. 41 patients died, the causes of death including pulmonary diseases (11), senility (8), diseases of the genito-urinary system (7), diseases of the nervous system (6), etc. One patient hanged himself.

Hospital for the Insane, Ipswich.

During the year 1913, 312 patients were treated at the hospital at Ipswich. 22 patients were transferred from Goodna, 2 recovered, 1 was discharged as relieved, 2 were transferred to Goodna, and 17 died. Six of the deaths were due to senility, and two to phthisis.

The Inspector's Report.

The Inspector gives an account, among other things, of the two new male blocks which have recently been planned to replace two wards at the Goodna Hospital. The building of these blocks is now approaching completion. Each floor contains a dining-room, two dormitories, with kitchens, bathrooms, etc., etc. In the one there are a number of single rooms, and a day room. The fitting and equipment have been designed with a view of utility and good appearance. We learn that billiards and bagatelle tables and gramaphones are included in the list of ward furniture. The sanitary arrangements are said to be satisfactory, septic tanks being provided.

At Ipswich, new administrative blocks, which were begun in 1912, are practically finished. The offices contained include the Medical Officers' department, the dispensary, the surgery, the photographic and pathological rooms and the Matron's and Head Attendant's offices. The matron's and nurses' bedrooms are placed in the upper floor. Appended to the report are a number of ground plans and illustrations of the newer structures in the three hospitals.

Vital Statistics.

VITAL STATISTICS OF SYDNEY FOR THE MONTH OF AUGUST, 1914.

The Government Statistician has issued his returns for the month of August for the metropolis of Sydney. A marked increase in the number of births as compared with the average of August for the preceding five years is recorded. The birth-rate was equivalent to an annual birth-rate per 1000 of population of 32.37. The number of deaths was also greater than the number for the average for August in the preceding five years, and gave an equivalent annual rate of 12.34 per 1000 of population. There was a falling off in the illegitimate birth-rate. 119 children under 1 year of age died during the month, as compared with 113, which was the average of deaths in August during the five preceding years. 275 out of the 746 deaths occurred in hospitals. The most common cause of death was pulmonary diseases (128), developmental diseases of infants came next (77), diseases of the heart (64), senility (46), Bright's disease (44), phthisis (37), and epidemic diseases (18) were among the next most common causes. Diphtheria caused 5 deaths, enteric fever and influenza 4 each, and pertussis 1 death. The mean shade temperature for the month was 57.4°. In regard to deaths during the puerperal conditions, 3 were due to accidents of pregnancy, 1 to an illegal operation, 1 to hæmorrhage, 4 to puerperal albuminuria, 2 to phlegmasia, etc., and 6 to puerperal septicæmia.

Naval and Military News.

FIRST INFANTRY BRIGADE, 1st BATTALION.

Captain C. W. Thompson has been appointed Regimental Medical Officer (provisional).

WESTERN AUSTRALIA.

Drs. Barber, White, Ferguson-Stewart, Haynes, Deakin, Stacey and Sawer have volunteered their services for hospital work in connection with the war in Europe. A stationary field hospital is to be formed with the above as medical officers. They expect to leave for the seat of war about the end of this month.

Drs. J. Kenny, MacGregor and Finn have also offered their services, and are to go with a field ambulance.

NEW ZEALAND MEDICAL CORPS.

The following appointments have been made in connection with the Expeditionary Force from New Zealand:—

Field Ambulance.

A. Section.

Lieutenant-Colonel C. M. Begg.
Captain E. Boxer.
Captain J. G. Mitchell.
Captain-Quartermaster W. H. Will.
Lieutenant John Connor.

B. Section.

Major D. N. W. Murray.
Captain C. H. Tewsley.
Captain H. Short.
Lieutenant G. S. Sharp.

C. Section.

Major E. J. O'Neill.
Captain A. V. Short.
Captain R. H. Walton.
Lieutenant K. MacCormack.

Col. James Robert Purdy has been appointed Director of the Medical Services (New Zealand Medical Corps).

Dr. R. H. J. Fetherston, of Melbourne, has been appointed Director-General of the Army Medical Services, in place of General Williams, who, as stated in the "Medical Journal of Australia," September 12, 1914, p. 259, has been placed in command of the 3rd Division of the Army Medical Corps accompanying the Expeditionary Force.

Hospitals.

ROYAL PRINCE ALFRED HOSPITAL.

The Annual Report of the Royal Prince Alfred Hospital, Sydney, for the year 1913, is a volume of 222 pages, and contains a number of excellent illustrations. The greater part of the book comprises of statistics in connection with the patients and their diseases, and lists of directors, medical officers, and members of the nursing staff. The annual report proper occupies 59 pages. From it we learn that 7,297 patients were treated during the year in the wards of the hospital. The expenditure during the year amounted to £49,753, which included £7,737 on account of buildings, repairs and alterations. The receipts amounted to £45,444, and included, approximately, £5,000 from subscriptions and donations, £5,250 from maintenance collection, £650 from out-patient collections, and £500 from the anti-tubercular dispensary. The Government subsidy amounted to £31,459. It is anticipated that the total expenditure on salaries and wages will be considerably higher during the current year, owing to the fact that the Board entered into an industrial agreement with the Hospital and Asylum Employees' Union. A new Nurses' Home has been erected, and it is said to be the best of its kind in the Southern Hemisphere. Various alterations have been carried out in the administrative block, and in other parts of the hospital.

In the report of the Medical Superintendent, we learn that the type of enteric fever, which affected 123 patients, was virulent, and that 14.1 per cent. of the patients died. In 4 cases the operation for perforation was performed without success. 5 cases of para-typhoid were treated. 119 patients suffering from diphtheria, scarlet fever, and smallpox were these 8 died. Tracheotomy was performed three times; in one case only was it successful in saving the patient's life. All the cases of diphtheria, scarlet fever, and small-pox were transferred as soon as the condition of the patients rendered this feasible. 237 cases of tuberculosis of various kinds were admitted during the year. 260 cases of pneumonia, including 168 of acute croupous pneumonia, and 92 of bronchopneumonia were treated. There were 33 deaths among the former and 13 among the latter. Summer diarrhœa accounted for 110 admissions. The mortality was 24.5 per cent. In 1912 the mortality was 45 per cent.

On the surgical side 4,446 operations were performed during the year. 4 deaths under anæsthesia occurred; 1 with chloroform, 2 with closed ether and 1 with open ether. 315 patients were treated for various forms of cancer. In 43 cases the tumour was situated in the stomach. A definite cure is stated to have been effected in 3 cases. There were 23 cases of cancer of the uterus, 6 of which were stated to have been cured. 17 out of 22 cases of cancer of the breast are said to have been cured, and 16 out of 19 cases of cancer of the lip. Of the 306 patients admitted on account of venereal disease, 155 were suffering from syphilis. No special accommodation existed for the treatment of men suffering from venereal disease.

The pathological department appears to be well organised, and its activity during the year was considerable. The work was undertaken by the Honorary Pathologists, the Honorary Pathological Chemist, the Chief Resident Pathologist, and three assistants

There were 185 students in the clinical school. The Medical Superintendent adds short paragraphs dealing with the work conducted in the X-ray department, the record department, the medical gymnastic and massage department, the out-patient department, and the isolation quarters.

In her report on the nursing arrangements, the Matron states that 44 probationers entered during the year. 37 of the nursing staff resigned to take up positions in other institutions, or for other reasons. 22 nurses received their certificates.

In the anti-tuberculosis dispensary 215 patients made 1,360 attendances during the year. 38 contacts were examined. 35 patients were sent to sanatoria. 124 of the patients were found to be suffering from clinical tuberculosis. In 91 cases the organ affected was the lung, in 10 it was the larynx, in 9 the lympathic gland, in 5 the genito urinary organs, in 6 bones and joints, in 2 the skin, and in 1 the breast. 2 patients were said to have been cured, 61 to have been relieved, and 52 to have been discharged unrelieved. 9 of the patients died.

WARATAH HOSPITAL, TASMANIA.

At a meeting of the Waratah Hospital Board on September 4, 1914, the financial position of the hospital was discussed at some length. An application had been made for a considerable increase of the Government subsidy to meet the deficiencies in the income of the hospital. The Chief Secretary had addressed a letter to the Board, announcing the Government's intention of increasing the subsidy from £100 to £200. The Chairman moved that the Chief Secretary be written to, advising him that the sum of £200 would not be sufficient, and asking him to consider the granting of £500, as previously requested. This motion was carried. In addition, the attention of the Chief Secretary is to be called to the fact of the financial depression ensuing on the closure of some of the mines. The hospital had lost the greater part of its revenue in this way, and the work which it was called upon to carry out was very heavy.

Medical News.

The Board of Public Health of Melbourne received, on September 16, a letter from the Melbourne and Suburban Master and Retail Dairymen's Association, suggesting that a conference be held for the purpose of discussing some of the points in connection with the milk supply of Melbourne.

The Board approved of the suggestion, and appointed the members of the Milk Sub-Committee to act as its delegates at the conference. Among the subjects which will be discussed are (1) the advisability of centralizing the control of the milk supply; (2) the advisability of limiting the number of licenses of distributors, and (3) the proposal that proprietors of milk carts should be licensed.

Reference was made at the last meeting of the Metropolitan Chemists' Association of Victoria to the great shortage at present of many German and Continental drugs and chemicals, including aspirin, veronal, urotropine, protargol, etc. It was suggested that the attention of the medical profession be drawn to this shortage, and that medical practitioners be earnestly invited to order pharmacopœial preparations as far as possible in order to lessen the difficulty. The Australian Pharmaceutical Formulary (A.P.F., 1911) contains a series of excellent non-secret preparations of uniform quality, which serve as a supplement to the ordinary British Pharmacopœia preparations, and which can be supplied by any Australian pharmacist.

Correspondence.

THE IMMEDIATE FUTURE.

Sir,—In your issue of Sept. 12 is a letter from Dr. F. E. Webb on "The Immediate Future." He speaks of an unfair move on the part of the A.O.F. in boycotting certain medical men by the transference of all the names of lodge members to the lists of a favoured few. This movement can be met easily and satisfactorily by limiting the number of lodge patients that any medical practitioner may attend. This simple move will solve a good deal of the "lodge question." The great mistake that the Labour Union movement has made is the agitation for better conditions for workers and not at the same time aiming at greater efficiency. It is essential that the medical profession do not make this mistake. Most of us know that the amount of lodge work that a medical man can do and do well is limited. Therefore let there be a limit to the number of lodge patients not only in the interest of medical men, but also in the interest of the lodge patient. Of course there are many matters of detail to be settled, but the broad question could be dealt with by a conference between Federal representatives of the Friendly Societies and the B.M.A.

Surely the present is a good time to convince the Friendly Societies that we and they are co-workers for the welfare of the people at large, and that all we want is a fair deal.—Yours, etc.,

THOS. A. PRICE, M.B.

Toowoomba (Q.), Sept. 14, 1914.

Special Correspondence.

(From our Special Correspondent.)

LONDON.

Spiritual Healing.

The Clerical and Medical Committee which, under the chairmanship of the Dean of Westminster, has been investigating the meaning and scope of "spiritual" "faith" and "mental" healing, issued an interesting report on "Spiritual Healing" on May 5th.

The Committee, in their conclusions, "fully recognize that the operation of the Divine Power can be limited only by the Divine Will, and desire to express their belief in the efficacy of prayer. They reverently believe, however, that the Divine Power is exercised in conformity with and through the operation of, natural laws. With the advancing knowledge of these laws increasing benefits are being secured for mankind through human instrumentality. Especially is this the case in regard to the healing of disorders of body and mind.

"They consider that spiritual ministration should be recognised equally with medical ministration, as carrying God's blessing to the sick, and as His duly appointed means for the furtherance of their highest interests."

The Committee are forced to the conclusion that "faith" or "spiritual" healing, like all treatment by suggestion, can be expected to be permanently effective only in cases of "functional" disorders, as distinct from organic ailments. They therefore warn people from resorting to "healers" and postponing medical treatment.

They state that of the witnesses they have heard some regarded "spiritual" healing as involving direct, external, Divine interposition above the ordinary laws of nature. Others seemed to draw no fundamental distinction between "spiritual healing" and "healing by suggestion," except that the former was of a religious character, and applied through religious rites such as imposition of hands, unction and prayer.

Most of the witnesses connected the "spiritual healing" of the present day with the "gifts of healing" of the Apostolic Church, and were agreed as to the importance of faith, or at least the expectation of benefit, as a contributory factor.

No satisfactorily certified case was adduced of any organic disease, competently diagnosed as such, which had been cured through these means alone.

The members of the Committee were:—

The Dean of Westminstser (Chairman).

Sir Dyce Duckworth, M.D., F.R.C.P. (Vice-chairman); the Rev. W. G. Cameron; Canon C. V. Childe, the Dean of Durham, the Dean of St. Paul's, the Rev. Prof. G. E. Newsom, Prebendary the Hon. J. S. Northcote, the Bishop of Stepney, the Rev. A. W. Robinson, the Rev. W. M. Sinclair, Dr. Stanley Bousfield, M.D., Dr. Charles Buttar, M.D., Mr. W. McAdam Eccles, F.R.C.S., Dr. F. de Haviland Hall F.R.C.P., Dr. Theo. B. Hyslop, M.A., Dr. H. G. Gordon Mackenzie, M.D., Dr. J. A. Ormerod, F.R.C.P., Sir R. Douglas Powell, F.R.C.P., Dr. Howard H. Tooth, F.R.C.P., Sir T. Clifford Allbutt, F.R.C.P.

HEALTH STATISTICS FOR INDIA.

The annual report for 1912 recently issued by the Sanitary Commissioner to the Government of India, contains much information of a satisfactory nature bearing upon the general state of health of the country, and upon the progress of sanitation.

On a total strength of 70,000 men, excluding commissioned officers, the deaths from all causes totalled only 328, as against 354 in 1911, and the number of invalids sent home were only 474, as compared with 512. As "invalids sent home" signify as complete a loss to the Army as deaths, these figures are especially gratifying, and testify to the immense improvement that has taken place in the health of the Europan Army of late years. Ten years ago the Army lost nearly twice as many men by death and six times as many by invaliding, as is the case to-day. The returns of the native Indian Army are equally satisfactory, but they do not present the same striking changes because there was not room for them.

Turning to the civil population, there were in British India, including Burma, in 1912, 9,295,296 births and 7,090,991 deaths. The death-rate fell from an average of 34.28 in the previous five years to 29.40 per mille, and this was almost the lowest rate on record. The birth-rate was also fractionally higher than in 1911. The outstanding feature in the returns is the reduction of deaths from plague. In 1912 only 263,037 died, as against 733,582 in 1911. There was also a decline in the mortality from fevers, which is four-sevenths of the grand total. In 1912 3,936,085 persons died from fevers, as against 4,207,356 in 1911. With regard to special localities, Delhi has an unenviable reputation for malaria, but a very thorough malaria survey of the city and its environs has recently been completed. A new Health Department was created during the year for the city, and is now under the control of a qualified Indian Medical Service Officer. The temporary capital on the north of the city and the Imperial city now in course of construction are in the sanitary charge of two additional health officers. In Bombay city rigorous anti-malaria measures continue to be taken, and a stegomyia survey is also being carried out. With regard to the pilgrim traffic with the Red Sea, which showed a falling-off in number, 10,587 out of a total of 16,024 consented to voluntary vaccination.

Personal.

Dr. Cave, of Melbourne, who acted as locum tenens for Dr. Teague during his absence in England, is an inmate of a private hospital, having recently undergone an operation for appendicitis.

Dr. R. Fairfax Reading has resumed practice at Macquarie Street, Sydney.

Dr. S. Harry Harris has commenced practice at Beanbah, 235 Macquarie Street, Sydney.

Dr. Cuthbert Hall, of Parramatta, New South Wales, read a paper before the Botany Section of the British Association for the Advancement of Science (Sydney meeting) on the "Variation and Adaptation of the Eucalypts," on August 21.

Dr. J. H. M'Gee, of 91 Collins Street, Melbourne, will return to Melbourne early in October. He has been engaged in medical work in Paris.

Dr. A. A. Lendon, of Adelaide, South Australia, returned by the R.M.S. Mooltan from Great Britain, on September 12.

Dr. Stewart has resumed practice at Wyndlawn, Albion, Queensland.

Proceedings of Australasian Medical Boards.

NEW SOUTH WALES.

The following persons have been registered under the provisions of the Medical Act of 1867 as duly qualified medical practitioners:—

Blumer, Sydney John, M.B., Mast. Surg., 1914, Univ., Sydney.
Bray, Gordon Wolseley, M.B., Mast. Surg., 1914, Univ. Sydney.
Clark, Charles Augustus Fraser, M.B., 1914, Univ., Sydney.
Daly, Terence Aubrey, M.B., Mast. Surg., 1914, Univ. Sydney.
Davis, Thomas Richard Earls, M.B., 1914, Univ. Sydney.
Elworthy, Robert Ernest, M.B., Mast. Surg., 1914, Univ. Sydney.
Grieve, Keith Harvey, M.B., 1914, Univ. Sydney.
Jekyll, Arthur Cyril Albert, M.B., 1914, Univ. Sydney.
Jones, Maude Sydney, M.B., Mast. Surg., 1914, Univ. Sydney.
Murphy, James Arthur, M.B., 1914, Univ. Sydney.
Nixon, Robert James, M.B., 1914, Univ. Sydney.
O'Riordan, Sydney Michael, M.B., 1914, Univ. Sydney.
Pigott, Louis Michael, M.B., 1914, Univ. Sydney.
Poulton, Reginald Lancelot, M.B., 1914, Univ. Sydney.
Thomas, Frederick Samuel, M.B., 1914, Univ. Sydney.
Young-Wai, Joshua, M.B., 1914, Univ. Sydney.
Armit, Henry William, Mem. R. Coll. Surg. Eng., 1894; Lic. R. Coll. Phys. Lond., 1894.
Macrae, Donald, Mem. R. Coll. Surg., Eng., 1908; Lic. R. Coll. Phys. Lond., 1908.
Pearce, James Vine, M.B., Bac. Surg. 1914, Univ. Melb.
Ritchie, William, M.B., Mast. Surg., 1889, Univ. Edin.; Lic. R. Coll. Phys. Edin., 1898; Lic. R. Coll. Surg. Edin., 1898; Lic. Fac. Phys. Surg. Glasg., 1898.
Bourke, Ulick Lancelot, L. et L. Mid. R. Coll. Phys. Irel., 1912; L. et L. Mid. R. Coll. Surg. Irel., 1912.

VICTORIA.

The following person has been registered under the Medical Act, 1890, and Medical Act, 1906, as a legally qualified Medical Practitioner:—

Aylmer, Edward Burke-Gaffney, Quambatook.

Medical Appointments.

The following appointments have been made at the Children's Hospital, Melbourne:—

Hon. Surgeons to In-Patients: Drs. A. Jeffreys Wood, F. Hobill Cole, E. Alan Mackay, W. A. Wood and Balcombe Quick.
Hon. Physicians to In-Patients: Drs. A. Jeffreys Wood, F. Hobill Cole, S. W. Ferguson, H. Hume Turnbull, and A. E. Rowden White.
Hon. Medical Officers to Out-Patients: Dr. D. M'M. Officer, W. Kent Hughes, C. L. Lempriere, Chas. Perry, H. Douglas Stephens, R. L. Forsyth, Rupert M. Downs, and M. D. Silberberg.
Dr. R. J. Bull as Bacteriologist, Dr. Herbert M. Hewlett as Skiagrapher, and Dr. A. W. Finch Noyes as Dermatologist.

Dr. W. A. Ramsay Sharp has been appointed Honorary Surgeon to the State Hospital and Asylum, Newington, New South Wales.

Dr. G. C. H. Nicol has been appointed officer of health for the district of Morgan, South Australia.

Books Received.

NOTES ON SKIN DISEASES, by David Walsh, M.D., M.B., C.M., 1914. London: The Scientific Press, Ltd. Pocket Guide Series; pp. 120. Price, 1/-.

THE TUBERCULOSIS HANDBOOK FOR HEALTH VISITORS AND NURSES, by A. H. G. Burton, M.D., D.P.H., 1914. London: The Scientific Press, Ltd; demy 8vo.; pp. 58; illustrated.

ABDOMINAL SURGERY CLINICAL LECTURES FOR STUDENTS AND PHYSICIANS, by Thorkild Rovsing. Edited by Paul Monroe Pilcher, A.M., M.D., 1914. Philadelphia: J. B. Lippincott Company; pp. 477; royal 8vo. Price, 24/-. Illustrated

Diary for the Month.

Sept. 29.—New South Wales Branch B.M.A., Committee Meeting.
Sept. 29.—Victorian Branch, B.M.A., Eye and Ear Section.
Sept. 30.—Victorian Branch, B.M.A., Council Meeting.
Oct. 1 and 2—New South Branch, B.M.A., Annual Meeting of the Delegates of the Affiliated Local Associations of Members with the Council.
Oct. 2.—Queensland Branch, B.M.A., Monthly Meeting.
Oct. 5.—Alfred Hospital (Vic.), Clinical Meeting.
Oct. 6.—New South Wales Branch, B.M.A., Council Meeting.
Oct. 7.—Victorian Branch, B.M.A., Monthly Meeting.
Oct. 9.—New South Wales Branch, B.M.A., Clinical Evening.
Oct. 14.—Melbourne Pedriatric Society.
Oct. 15.—Victorian Branch, B.M.A., Council Meeting.
Oct. 20.—New South Wales Branch, B.M.A., Council Meeting.
Oct. 21.—Western Australian Branch, B.M.A., Branch Meeting.
Oct. 21.—Victorian Branch, B.M.A., Clinical Meeting.
Oct. 23.—Melbourne Hospital Clinical Meeting.
Oct. 27.—New South Wales Branch, B.M.A., Committee Meetings.
Oct. 27.—Victorian Branch, B.M.A., Eye and Ear Section.
Oct. 28.—Victorian Branch, B.M.A., Council Meeting.
Oct. 30.—New South Wales Branch, B.M.A., Ordinary Meeting.

Warning Notices.

Medical Practitioners are requested to communicate with the Honorary Secretary of the Branch of the British Medical Association before applying for any appointments referred to below:—

Branch.	APPOINTMENTS.
QUEENSLAND. (Hon. Sec. B.M.A. Building, Adelaide Street, Brisbane).	Brisbane United F.S. Institute. F.S. Lodges at Longreach. F.S. Lodges at Warwick.
WESTERN AUSTRALIA. (Hon. Sec. 230 St. George's Terrace, Perth).	Swan District Medical Officer. All Contract Practice Appointments in W.A.
NEW SOUTH WALES. (Hon. Sec. 30-34 Elizabeth Street, Sydney).	Goulburn F.S. Association. F.S. Lodges at Casino. F.S. Lodges at Orange. F.S. Lodges at Braidwood. F.S. Lodges at Lithgow. Seaham Colliery No. 1, Newcastle. Seaham Colliery No. 2, Newcastle. Killingworth Colliery, Newcastle. West Wallsend Colliery, Wallsend. Auburn. F.S. Lodges at Granville and Penrith. F.S. Lodges at Parramatta and
SOUTH AUSTRALIA. (Hon. Sec. 3 North Terrace, Adelaide).	The F.S. Medical Assoc. Incorp., Adelaide.

EDITORIAL NOTICES.

Manuscripts forwarded to the office of this Journal cannot under any circumstances be returned.

Original articles forwarded for publication are understood to be offered to the "Medical Journal of Australia" alone, unless the contrary be stated.

All communications should be addressed to "The Editor," "Medical Journal of Australia," B.M.A. Building, 30-34 Elizabeth Street, Sydney, New South Wales.

The following periodicals are required by the Librarian of the New South Wales Branch of the British Medical Association to complete the series for binding. Members who have borrowed these journals are requested to return them as soon as possible:—

"Lancet," January 31, 1914.
"Lancet," February 7, 1914.